

# Real Skills Plus



A Competency Framework for the Infant,  
Child and Adolescent Mental Health  
and Alcohol and other Drug Workforce

2014



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## INTRODUCTION

*Real Skills Plus CAMHS*, the competency framework for infant, child and adolescent mental health and addiction services, was first published by the Werry Centre for Child and Adolescent Mental Health Workforce Development in 2009 (The Werry Centre, 2009). The framework developed from the understanding that there are some areas that are unique to working with infants, children and young people with mental health and/or alcohol or other drug (AOD) concerns. These include working with families/caregivers as partners, developmental issues, managing issues of confidentiality, obtaining consent, and working with multiple systems.

The purpose of *Real Skills Plus ICAMH/AOD* (2014), is to further develop the knowledge and skills of the workforce supporting infants, children and young people, their family/whānau and their communities, and to enhance service provision. *Real Skills Plus ICAMH/AOD* is a framework which acknowledges the breadth of the workforce and sits alongside and supports any professional competency or registration requirements; it has been designed to complement rather than replace other frameworks. It has also been informed by Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017 (Ministry of Health, 2012) which emphasises the importance of all family/whānau receiving good quality, effective and culturally appropriate services. *Real Skills Plus ICAMH/AOD* describes the knowledge, skills and attitudes that a health or social services practitioner needs to work with infants, children and young people who have suspected or identified mental health and/or AOD concerns, their family/whānau and their community. This revised framework attends to the growing body of knowledge and evidence regarding infant mental health, and a Primary level of competency has also been added.

The *Primary* level has been introduced for people who work in *Primary Level Services* and are likely to come into contact with infants, children or young people and their family/whānau. *Primary Level Services* include all services within the community that provide 'front-line' or 'first-contact' health services. Examples include but are not limited to people working in the health services of schools, social service agencies, general practice, statutory services such as Child, Youth & Family, family practices, Plunket child health services, youth services and justice services. These services may be government, non-government or privately funded.

Developing the *Primary* level is in response to the Ministry of Health having adopted a policy of the provision of 'Better, Sooner and More Convenient' health care service delivery (Ministry of Health, 2011). In order to ensure service-users receive services in a better, sooner and more convenient manner, there has been an emphasis on reviewing and further developing systems and processes that promote a seamless service delivery across the primary and secondary health sectors. This policy will be enhanced by having a primary level workforce that is equipped with the knowledge and skills for early recognition, referral

provision and/or intervention for infants, children and young people with suspected mental health and/or alcohol and drug concerns; and their family/whānau. The framework is therefore presented at three progressive levels: *Primary, Core and Specific*.

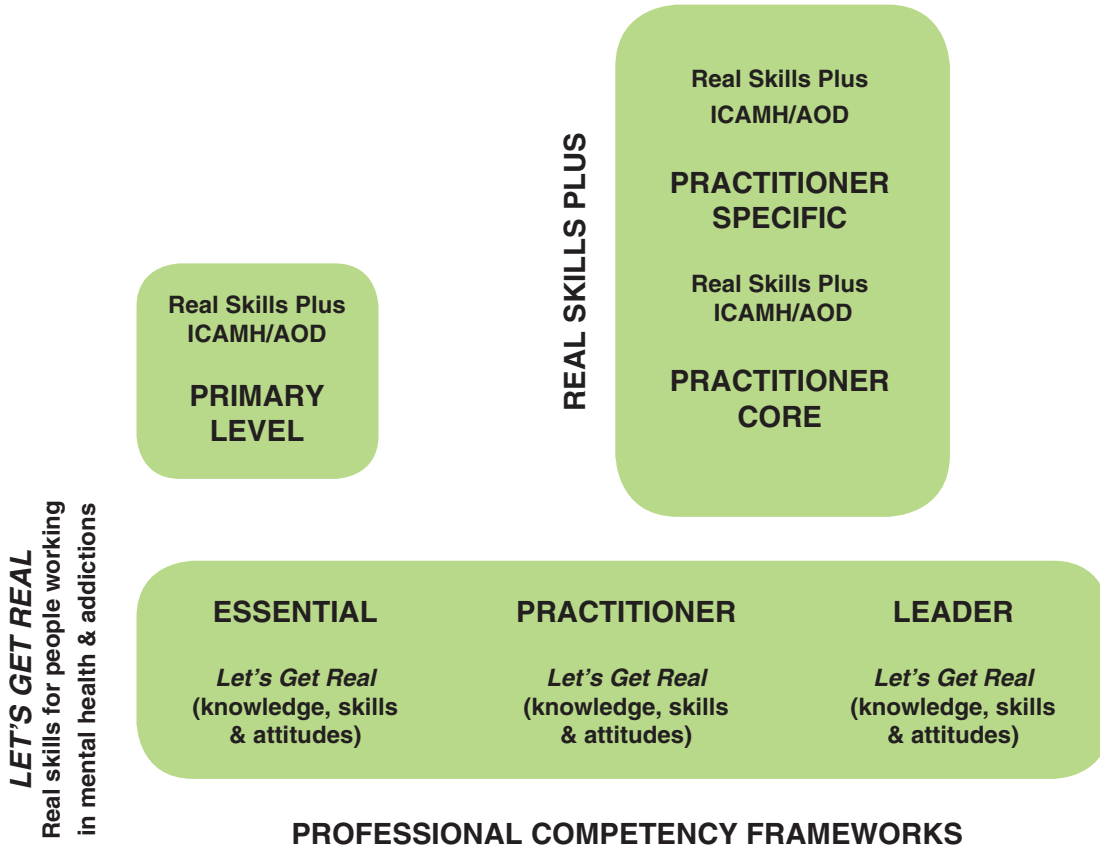
*Real Skills Plus ICAMH/AOD* complements and adds to existing frameworks, including:

- *Let's get real*: A framework describing the knowledge, skills and attitudes required to deliver effective mental health and addiction services. It provides a foundation for all of the competency frameworks relevant to all people working in the mental health and addictions sector ([www.tepou.co.nz/letsgetreal](http://www.tepou.co.nz/letsgetreal)).
- *Te Whare o Tiki*: A framework describing the knowledge and skills required by the mental health and addiction workforce to be able to effectively respond to the needs of people with co-existing problems and their family/whānau (<http://www.matuaraki.org.nz/library/matuaraki/te-whare-o-tiki-co-existing-problems-knowledge-and-skills-framework>).
- *Real Skills Plus Seitapu*: A framework describing the essential and desirable knowledge, skills and attitudes to engage with Pasifika peoples (<http://www.leva.co.nz/library/leva/lets-get-real---real-skills-plus-seitapu---working-with-pacific-peoples>).
- Takarangi Competency Framework (Matua Raki, 2009). The Takarangi competency provides a pathway to develop cultural competence, enhance cultural fluency, analyse workforce needs relating to Māori responsiveness and monitor quality assurance. (<http://www.matuaraki.org.nz/supporting-workforce/cultural-competency/takarangi>).
- *Professional competency frameworks* include but are not limited to frameworks pertaining to nursing, social work, medicine/psychiatry, occupational therapy, psychology, and child psychotherapy. It is recommended that people using this document also be familiar with other competency frameworks relevant to their work, whether cultural, professional or sub-specialty specific. Whilst *Real Skills Plus ICAMH/AOD* can be read as a stand-alone document, it is recommended that practitioners review this framework alongside the competency set specific to their discipline.





# HOW THIS FRAMEWORK FITS WITH *LET'S GET REAL*



*Let's get real* (Ministry of Health, 2006) sets out the expectations for people working in services, irrespective of their role, discipline, the type of organisation they work for, or population group that their service works with. *Let's get real* describes the essential knowledge, skills and attitudes required to deliver effective mental health and addiction services. The framework describes three levels: Essential, Practitioner and Leader. Essential applies to everyone working in mental health and addictions services regardless of their role, profession, or organisation that they work for. At Practitioner level clinicians demonstrate both the essential and practitioner levels of the *Let's get real* framework. The leader level applies to people who are management and /or clinical leaders with an emphasis on service delivery.

At primary level of *Real Skills Plus ICAMH/AOD* the essential indicators from *Let's get real* have been incorporated. Therefore, by achieving the primary level competencies the essential level of *Let's get real* has also been met. At the 'core' and 'specific' level practitioner of *Real Skills Plus ICAMHS/AOD* practitioners will be able to demonstrate the knowledge and skills required to meet the essential and practitioner levels on the *Let's get real*, framework.

## WHAT ARE THE BENEFITS?

The purpose of *Real Skills Plus ICAMH/AOD* is:

To further develop the knowledge and skills of the workforce supporting infants, children and young people, their family/whānau and their communities, across the primary and secondary sectors, and to enhance service provision.

The key benefits of the *Real Skills Plus ICAMH/AOD* competency framework are to support all those involved in planning, managing, delivering and receiving services to understand what is involved in competent ICAMH/AOD approaches, as follows:

### Practitioners:

- Identify the skills and knowledge that are required to work effectively and competently with infants, children and young people experiencing significant mental health/AOD concerns, their family/whānau and their communities
- Inform professional development
- Guide clinical supervision and mentoring
- Complement discipline-specific competency and/or practice standards

### Teams in Services:

- Develop a shared understanding of the knowledge and skills required by the workforce
- Promote the development of best practice across disciplines, thereby creating a multi-skilled workforce
- Identify recruitment gaps and training and development needs
- Support clarification of roles

### Tertiary Education Providers, Clinical Training Providers and Services:

- Deliver competency-based training that meets the needs of practitioners working in different mental health/AOD settings
- Collaborate on course development, supervision, clinical placements and research.

**Service Users:**

- Know what can be expected regarding the levels of skill and knowledge of practitioners in the sector(s)
- Receive a high quality of care.

**Managers, Planners and Funders:**

- Identify and plan future service delivery.

**Other Sectors:**

- Respond to the needs of infants, children and young people with mental health/AOD concerns, and their family/whānau, through having a shared understanding of the knowledge and skills in the sector(s).

## REAL SKILLS PLUS ICAMH/AOD: KEY PRINCIPLES

There are a number of key principles which underpin the *Real Skills Plus ICAMH/AOD* competency framework for the infant, child and youth mental health/ AOD practitioner workforce.

These key principles may be divided into six groups:

- Infants, children and young people
- Working from a developmental perspective
- Family/whānau
- Community systems
- Rights (legislation)
- Advocacy.

Details of these key principles are as follows.

### INFANTS, CHILDREN & YOUNG PEOPLE

1. Practitioners should have knowledge of the specific mental health concerns which emerge during infancy, childhood and adolescence, and the continuum of alcohol and other drug use (through to dependence).
2. Infants, children and young people should have their physical, emotional and psychological needs met.
3. Children and young people who experience mental health and/or AOD concerns should have their perspectives heard by mental health and AOD workers, including their views on themselves, their lives, their future, their family/whānau and their community. They must be accepted as partners, and where possible leaders, at every point of their contact with the service.
4. Communication should occur in the context of developmentally appropriate language/communication.

## WORKING FROM A DEVELOPMENTAL PERSPECTIVE

1. Knowledge of infant, child and youth development (physical, social, psychological, emotional, cultural and spiritual) and family processes is essential when working with infants, children and young people who experience mental health/AOD concerns as mental health concerns can adversely affect development.
2. Age appropriate assessment skills of infants, children and youth experiencing mental health/AOD concerns must include an understanding of the impact of these concerns on development, in order to plan and deliver appropriate interventions.
3. Practitioners should have knowledge of developmentally appropriate and evidence-informed best practice interventions and skills.
4. Practitioners should have knowledge of differing cultural perspectives of infant, child and positive youth development.

## FAMILY/WHĀNAU

1. The underpinning philosophy and principles of whānau ora guide how services partner with infants, children, young people and their family/whānau, emphasising the importance of all whānau receiving good quality, effective and culturally appropriate services (see Glossary).
2. Practitioners should have a non-judgmental, compassionate understanding that family/whānau most often strive to do their best for their infant, child or young person.
3. Family/whānau have the right to be acknowledged as the 'primary support system' (Hansen et al., 2002, p. 12; Lumb, 2007), and to be involved at all points of the contact with the service that the infant, child, or young person has. Their views are essential in providing appropriate interventions, and as such they must be engaged as partners in the contact with the service that the infant, child or young person has.
4. Practitioners should have specific skills in supporting, informing, and working in partnership with family/whānau who are the 'experts' on their infant, child, or young person.

5. Practitioners should have the skills to support people to make use of their strengths and natural supports, while being aware of not over-burdening family/whānau and friends.

## COMMUNITY SYSTEMS

1. An understanding of the importance of the connections between an infant, child, young person, their family/whānau and their community is essential.
2. The skills to connect or reconnect the infant, child, young person and their family/whānau with their communities are important to the healing/therapeutic process.
3. Practitioners should have the knowledge, skills and attitudes to work with people from all cultural and ethnic backgrounds.
4. Practitioners should have the knowledge of local agencies, the ability to work across agencies and sectors, to coordinate care across agencies and sectors and to support inter-agency, inter-sectoral and multi-systemic interventions.

## RIGHTS (LEGISLATION)

1. An understanding of the rights of infants, children, young people and their family/whānau, and intervening appropriately, are important in establishing and maintaining a safe environment (including protection of self and from others where safety is threatened).
2. Practitioners should have the understanding and ability to articulate current legislation and occupational regulations relevant to the provision of infant, child and youth mental health/AOD services. Examples include, but are not limited to, The Mental Health Compulsory Assessment and Treatment Act (Ministry of Health, 1992), The Children, Young Persons, and their Families Act (Child Youth & Family Services, 1989) and The Privacy Act (Privacy Commissioner, 1993).

## ADVOCACY

1. Providing active support for infants, children, young people and their family/whānau at all points of contact with mental health/AOD and related services is part of the practitioner's role.
2. An understanding of the importance of self-advocacy and young people moving towards independence is important. This also includes ensuring that young people and their families/whānau are confident in advocating for their needs.

## REAL SKILLS PLUS ICAMH/AOD: STRUCTURE

Definitions of the levels of practice are as follows:

The *Primary* level reflects the knowledge and skills that enable practitioners in primary level services to recognise a suspected mental health and/or alcohol or other drug concern early and provide a brief intervention and/or referral for an infant, child or young person and their family/whānau. The knowledge, skills and attitudes expected at the Essential level of *Let's Get Real*, which includes a requirement to demonstrate cultural competence are embedded in the primary level indicators.

The *Practitioner-Core* level includes descriptions of the range of approaches/interventions that practitioners will be expected to provide appropriate to their area of work within secondary services, i.e., infant, child or youth mental health/AOD services. Practitioners working at this level require competence in assessment, and a range of behavioural, cognitive, and systemic therapeutic approaches (York & Kingsbury, 2013). They are required to demonstrate cultural competence. Practitioners will also be committed to ongoing professional development focusing on the mental health/AOD well-being of infants, children, young people and their family/whānau.

The *Practitioner-Specific* level includes knowledge and skills relevant to a specific area of infant, child, youth and their family/whānau mental health/AOD work within secondary services. It may include skills in specific assessment (for example, psychometric assessment); the ability to provide one or more evidence-informed interventions (for example, behavioural, cognitive, psychodynamic or systemic therapies); the ability to provide a cultural intervention and to demonstrate cultural competence. Such knowledge and skills will usually have been gained as part of a tertiary education programme or equivalent. Appropriate methods and interventions should have significant evidence supporting their use for infant, child or youth mental health/AOD concerns.



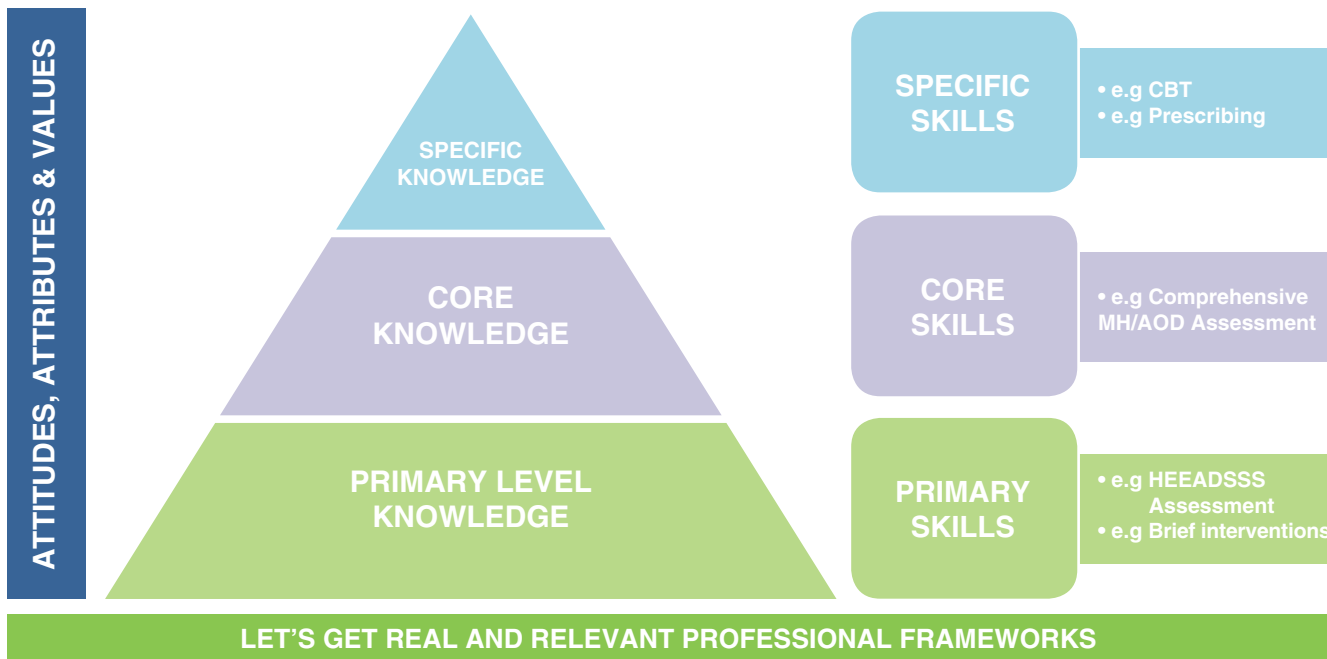
For the purposes of this framework, the term 'practitioner' encompasses the broad range of people involved in the delivery of health care employed in the non-government, private and government sectors.

## **THE RELATIONSHIP BETWEEN KNOWLEDGE & SKILLS**

Practitioners applying this framework require background knowledge relevant to their practice; however, it is the ability to draw on and apply this knowledge in clinical situations that demonstrates competence. Knowledge helps the practitioner understand the rationale for applying their skills, and how and why they are implementing the skill. In this framework, specific skills and knowledge relate to tasks rather than professions, even if some are strongly aligned with different disciplines, for example prescribing (Medical) or child psychotherapy (Child Psychotherapist).

## PRESENTING THE FRAMEWORK:

The following diagram provides an overview of the three levels of practice, with the knowledge and skills required to meet each level. The ability to demonstrate each of these at the appropriate level is required to show competence although the process of development is not linear. Each of the three levels of practice (Primary, Core and Specific) are organised within three domains (Engagement, Assessment, and Intervention). The key principles of Real Skills Plus CAMHS (The Werry Centre, 2009), that are required to meet the performance indicators, are embedded and threaded throughout the framework.



## THE THREE DOMAINS

The three domains of *Engagement, Assessment and Intervention* (including transition/discharge processes) reflect the processes encountered by a service-user during their contact with a service. Each of these areas is further developed into descriptions of relevant skills, and then knowledge. Unless specifically identified in the framework as relevant to only a specific subgroup, the indicators have been developed to encompass working with infants, children and young people.

## THE THREE LEVELS WITHIN EACH DOMAIN

As described, the framework has been written as a comprehensive document across the three levels of practice: *Primary, Core and Specific*. It is expected that most often practitioners will build their knowledge base in a progressive manner. Where specific assessments and interventions are described, it is expected that these will only be delivered after appropriate training has been received and supervision/review is being accessed. For ease of reading, where competencies relate to more than one domain, they are presented in the first domain of relevance. Where knowledge closely relates to skills, a description is also offered in the knowledge section following the skill section. It is assumed that once achieved, the maintenance of knowledge and skills will be undertaken by practitioners according to the requirements of their discipline-specific professional competency frameworks and/or the developers of specific trainings.

## ATTITUDES, ATTRIBUTES & VALUES

*Let's get real* describes the essential common values and attitudes that are recognised as a core component of good practice. The attitudes, attributes and values expected from practitioners working with infants, children and young people across sectors are universal. They are not limited to any level or domain. Therefore, they are presented separately and ahead of the remainder of the framework.

## Attitudes Attributes Values

The following attitudes, attributes and values should underpin the application of the skills and knowledge of those working with infants, children, young people and their family/whānau.

These attitudes and attributes reflect the practitioner's value and respect for the infants, children, young people, families/ carers and communities they work with.

While working with infants, children, young people and their families, we aim to be:

- Respectful and polite
- Compassionate, warm and caring; empathic and sensitive
- Genuinely interested, curious and authentic
- Trustworthy, honest and transparent; ethical and demonstrating integrity
- Non-judgmental and non-discriminatory
- Supportive and empowering
- Optimistic, motivated, hopeful and positive; believe that people want the best for their family/whānau
- Calm and patient
- Flexible and open-minded
- Professional, accountable and reliable
- Self-aware
- Logical, well organised and analytical
- Collaborative, team players
- Respect that diversity exists amongst infants, children, young people and families/whānau, colleagues and communities in areas that include but are not limited to class, gender, culture, religion, disability, age, power, status and sexual preference

## Attitudes Attributes Values

The following attitudes, attributes and values should underpin the application of the skills and knowledge of those working with infants, children, young people and their family/whānau.

These attitudes and attributes reflect the practitioner's value and respect for the infants, children, young people, families/carers and communities they work with.

- Respect and value the professional diversity that can exist within teams and endeavour to work in positive and collaborative ways that support multidisciplinary and interdisciplinary practice.

Uphold the human rights of service-users, their families/whānau and carers. Human rights include, but are not limited to, the right to:

- Autonomy and self-determination
- Informed consent
- Safety and care
- Freedom from coercion
- Treatment provided in a non-discriminatory and least restrictive way. Receive care and support in a way that responds to the physical, psychological, spiritual, intellectual, developmental and cultural needs and protects the best interests of the child, young person and family/carers.

(NSW Ministry of Health, 2011).



**ENGAGEMENT (SKILLS)** Refers to the ability of the practitioner to form an alliance with the service-user and their family/whānau which will enable the development of a therapeutic relationship supporting/contributing to well-being. At each level, the practitioner will actively involve and support the infant, child, young person and their whānau, working in partnership in all aspects of their contact with the service as appropriate.

<b>PRIMARY SKILLS:</b> The primary level practitioner is expected to:	COMPETENT	NEED DEVELOPMENT	<b>CORE SKILLS:</b> The core level practitioner is expected to:	COMPETENT	NEED DEVELOPMENT	<b>SPECIFIC SKILLS:</b> The specific level practitioner is expected to:	COMPETENT	NEED DEVELOPMENT
<p>Develop a therapeutic relationship which will enable recognition of mental health concerns for the infant, child and young person and/or caregiver.</p> <p>Communicate honestly, sensitively and empathically, using non-technical language in a way that is developmentally appropriate.</p> <p>Work in partnership with the child/young person and their family/whānau. Be able to elicit and acknowledge the perspectives of the child, youth and family and understand the beliefs and practices of their family/whānau culture.</p> <p>Work with interpreters when required.</p>			<p>Apply the principles of recovery and well-being in developing therapeutic relationships.</p> <p>Work in partnership with children, young people, parents/caregivers, and family/whānau using the therapeutic relationship as a basis for assessment and intervention.</p> <p>Be able to work therapeutically with both the child, young person and the parent(s)/other family members simultaneously, even when they are in conflict.</p>			<p>Be a resource for other health practitioners regarding appropriate engagement techniques with infants in the context of the infant-parents/caregiver relationship (consider teaching, mentoring, supervision) and be aware of the care-team responses triggered by infant/caregiver distress which could have a potentially negative impact on the engagement process with parents/caregivers.</p> <p>Demonstrate language skills to engage with family/whānau for whom English is a second language.</p>		

**ENGAGEMENT (SKILLS)** Refers to the ability of the practitioner to form an alliance with the service-user and their family/whānau which will enable the development of a therapeutic relationship supporting/contributing to well-being. At each level, the practitioner will actively involve and support the infant, child, young person and their whānau, working in partnership in all aspects of their contact with the service as appropriate.

<b>PRIMARY SKILLS:</b> The primary level practitioner is expected to:	COMPETENT	NEED DEVELOPMENT	<b>CORE SKILLS:</b> The core level practitioner is expected to:	COMPETENT	NEED DEVELOPMENT	<b>SPECIFIC SKILLS:</b> The specific level practitioner is expected to:	COMPETENT	NEED DEVELOPMENT
<p>Demonstrate competence at the Essential level of <i>Let's get real- Real Skill: Working with Māori</i>  <a href="http://www.tepou.co.nz/letsgetreal">www.tepou.co.nz/letsgetreal</a></p> <p>Demonstrate competence at the Core level of <i>Real Skills Plus Seitapu: Working with Pacific Peoples</i>  <a href="http://www.leva.co.nz/library/leva/lets-get-real---real-skills-plus-seitapu---working-with-pacific-peoples">www.leva.co.nz/library/leva/lets-get-real---real-skills-plus-seitapu---working-with-pacific-peoples</a></p> <p>Be able to articulate the extent and limits of one's own cultural understanding, as well as when to seek cultural advice/support.</p> <p>Use technologies that support the process of engagement with young people and families/whānau (e.g. texting).</p>			<p>Work in partnership with children, young people (and families) to find out what the young person wants out of contact with the service, and life more broadly, and use this as the basis for ongoing work with them.</p> <p>Engage with young people in a way that recognises the whole person, and the strengths they and their family/whānau bring.</p>			<p>Demonstrate leadership by developing and implementing policies that support relationships developed on the principle of partnership with the child/ young person and their family/whānau.</p> <p>Contribute to/lead service development and improvement work to create an engaging and welcoming service environment, e.g. work with consumer and family advisors to create a youth-friendly waiting room and family/whānau room, implement texting for appointment reminders etc.</p>		



## ENGAGEMENT (KNOWLEDGE)

PRIMARY KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	CORE KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	SPECIFIC KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT
<p>Understand the issues of consent and confidentiality relevant to working with infants, children and young people, as well as how to communicate these to them and their family/whānau, as required.</p> <p>Have some knowledge of the values, beliefs and practices of minority ethnicities and cultures.</p> <p>Know relevant legislation and policies such as <i>The Children, Young Persons &amp; their Families Act, 1989</i>, <i>Health Information Privacy Code, 1994</i>, <i>Consent in Child &amp; Youth Health: Information for Practitioners</i> (Ministry of Health, 1998).</p>			<p>Understand the principles of the therapeutic relationship and recognise that this relationship will be a key to assessment and intervention processes.</p> <p>Understand the principles of developmentally appropriate engagement.</p> <p>Know that optimal growth and development of infants and young children occurs within nurturing relationships and therefore engagement with these individuals must occur in the context of their parents/caregivers (Karoly, Kilburn, &amp; Cannon, 2005; Zeanah, 2000).</p> <p>Know how to develop a therapeutic relationship with the parent/caregiver based on trust and caring and use this as the basis for assessment and intervention processes.</p>			<p>Understand and be familiar with current practices related to engagement and the specific research and literature about best practice regarding infant, child and youth MH/AOD engagement.</p>		

## ENGAGEMENT (KNOWLEDGE) CONTINUED

PRIMARY KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	CORE KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	SPECIFIC KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT
<p>Understand the impact of stigma and discrimination on engagement with mental health/AOD services for children, young people and their family/whānau.</p>			<p>Be aware of the cultural views of the parent/caregiver with regard to the care-team interacting with/holding infants.</p> <p>Understand how social and cultural context may impact upon mental health/AOD concerns and how health disparities across cultures/ethnicity and social classes may affect mental health of infants, children, young people and family/whānau.</p> <p>Understand the impact of stigma and discrimination on both presentation of and treatment of mental health problems, as well as how to address them.</p>					

**ASSESSMENT (SKILLS)** Refers to the ability of the practitioner to gather the relevant information required to develop a formulation which includes an analysis of the information and a working hypothesis enabling the development of a plan of intervention

At the Primary level, the health worker will be able to gather enough information to identify the presence of mental health /AOD concerns and act accordingly

At Core and Specific levels, the practitioner will be able to complete a multi-dimensional assessment of the infant, child or young person and their family/whānau. This will be inclusive of physical, social, emotional, psychological, cultural and spiritual aspects of development. The formulation will be developed in partnership with the child, family/whānau and the care-team to determine whether or not mental health services are required.

**PRIMARY SKILLS:**

The primary level practitioner is expected to:

Practice in a developmentally appropriate manner, such as eliciting from the infant, child or young person their view of their world (through speech or using other means); using age-appropriate language with young people (especially when discussing sensitive issues); and ensuring that the perspective of the child or young person is heard and acted on during the care planning process.

COMPETENT

NEED DEVELOPMENT

**CORE SKILLS:**

The core level practitioner is expected to:

Conduct a comprehensive mental health and AOD assessment for an infant, child or young person and communicate findings to colleagues, young people and families in a strengths-based manner. Components should include all of the following:

- Taking a full history of recent and past issues in order to recognise mental health and AOD concerns experienced by the child, young person or any members of family/whānau
- Conducting a mental state examination of the child/young person (and sometimes their carer)

COMPETENT

NEED DEVELOPMENT

**SPECIFIC SKILLS:**

The specific level practitioner is expected to:

With appropriate training: Act as a resource to the care team and contribute to the assessment process by:

- Assisting with diagnostic clarification of mental health/AOD problems (inclusive of Co-Existing Problems (CEP) using either DSM V or ICD 10 diagnostic systems)
- Using a single or combined theoretical model for the formulation of more complex cases

COMPETENT

NEED DEVELOPMENT

## ASSESSMENT (SKILLS) CONTINUED

<b>PRIMARY SKILLS:</b> The primary level practitioner is expected to:	COMPETENT NEED DEVELOPMENT	<b>CORE SKILLS:</b> The core level practitioner is expected to:	COMPETENT NEED DEVELOPMENT	<b>SPECIFIC SKILLS:</b> The specific level practitioner is expected to:	COMPETENT NEED DEVELOPMENT
<p>Recognise vulnerability, strengths and resiliency factors via an assessment process. Vulnerability recognition includes risk to self, to others and from others (also applicable to intervention phase). Know when the assistance of other professionals is required.</p> <p>Conduct a brief psychosocial assessment of young people using a recognised framework such as the <i>HEEADSSS Assessment</i> (a framework for engagement and assessment) (Klein et al., 2014).</p> <p>Undertake screening for substance use in young people using a validated scale such as the <i>Substance &amp; Choices Scale (SACS)</i> (Christie et al., 2007).</p>		<ul style="list-style-type: none"> <li>• Gathering information regarding the child's or young person's view of the problem and their world, whether this is articulated through speech, art, writing, play or other media</li> <li>• Seeking information about the strengths, skills, resiliencies and hopes held by the young person and/or their family/whānau</li> <li>• Identifying and documenting the family/whānau perspective</li> <li>• Assessing the strengths and difficulties in the infant-parent/caregiver relationship</li> <li>• Gathering collateral information from other agencies or relevant individuals</li> </ul>		<ul style="list-style-type: none"> <li>• Providing and interpreting specialist targeted assessments, such as psychometric tests</li> <li>• Undertaking a formal neuropsychiatric assessment</li> <li>• Physical examination to help discriminate between mental health and physical presentations as well as physical consequences of mental health problems</li> <li>• Undertaking a sensory assessment</li> <li>• Undertaking a comprehensive cultural assessment</li> <li>• Undertaking a psychodynamic playroom assessment</li> </ul>	

## ASSESSMENT (SKILLS) CONTINUED

<b>PRIMARY SKILLS:</b> The primary level practitioner is expected to:	COMPETENT NEED DEVELOPMENT	<b>CORE SKILLS:</b> The core level practitioner is expected to:	COMPETENT NEED DEVELOPMENT	<b>SPECIFIC SKILLS:</b> The specific level practitioner is expected to:	COMPETENT NEED DEVELOPMENT
<p>Use more specific assessment tools for mental health problems (e.g. the <i>Kessler Psychological Distress Scale</i> (Kessler et al., 2002), as aligned to the scope and environment.</p> <p>Identify mental health/AOD concerns present for the parent/caregiver that may impact upon their developing relationship with their infant, child or young person.</p>		<ul style="list-style-type: none"> <li>• Undertaking a comprehensive assessment of risk and resilience, with an emphasis on environmental safety</li> <li>• Organising or undertaking relevant investigations. This includes being able to administer evidence-informed screening and assessment tools (<i>see examples in Appendix B</i>).</li> <li>• Formulation of the issues (integrating theoretical frameworks with information gathered during the assessment) to create a summary that links with an appropriate care plan</li> </ul>		<ul style="list-style-type: none"> <li>• Undertaking a youth forensic assessment.</li> </ul> <p>Infant-specific practitioner skills: Be able to act as a resource to the care team and contribute to the assessment process by undertaking a specialist infant assessment, components of which include:</p> <ul style="list-style-type: none"> <li>• Completing a physical assessment of the infant and being able to recognise the effects of substances on infant development e.g. foetal alcohol syndrome and effects</li> <li>• Undertaking a detailed developmental assessment</li> </ul>	

## ASSESSMENT (SKILLS) CONTINUED

<b>PRIMARY SKILLS:</b> The primary level practitioner is expected to:	COMPETENT	NEED DEVELOPMENT	<b>CORE SKILLS:</b> The core level practitioner is expected to:	COMPETENT	NEED DEVELOPMENT	<b>SPECIFIC SKILLS:</b> The specific level practitioner is expected to:	COMPETENT	NEED DEVELOPMENT
			<ul style="list-style-type: none"> <li>• Developing a care plan in partnership with the child, young person, whānau and the care team which includes consideration of cultural and clinical concerns (including risk), clear goals (including transition from the service) and review process</li> <li>• Understanding the influence of trauma, loss and environmental stressors on young people and families presenting issues.</li> </ul>			<ul style="list-style-type: none"> <li>• Completing an infant mental status assessment developed from an evidence-informed diagnostic framework, using interview, observation and direct interaction method (such as <i>The DC: 1-3R Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood</i> (Zero to Three, 2005)</li> <li>• Using specific assessment tools for 0-4 year olds, including assessment of infant-parent/caregiver relationship</li> <li>• Being a consultant to adult mental health and perinatal services on infant mental health where a parent/ caregiver presents with mental health concerns which will impact on their developing relationship with their infant.</li> </ul>		

## ASSESSMENT (KNOWLEDGE)

PRIMARY KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	CORE KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	SPECIFIC KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT
<p>Understand the key developmental milestones for infants, children, young people and family/whānau.</p> <p>Have a broad knowledge of common and emergent mental health/AOD concerns.</p> <p>Understand the concept of family/whānau, family/whānau dynamics and the family/whānau as a system.</p> <p>Understand how ethnicity and/or culture of the infant, child, young person and their family/whānau may impact upon presentation, assessment and intervention, with a view toward culturally inclusive practice.</p> <p>Understand that infants, children, young people and families have strengths, skills and resilience.</p>			<p>Have a detailed knowledge of infant, childhood and adolescent development, including:</p> <ul style="list-style-type: none"> <li>• Emotional and social development</li> <li>• Cognitive development</li> <li>• Sensorimotor and physical development</li> <li>• Cultural/spiritual models</li> <li>• Internal, environmental and systemic factors that may enhance or adversely affect development.</li> </ul>			<p>Have in-depth knowledge related to the provision of specific skills listed above.</p> <p>Have comprehensive knowledge of <i>The DC: 0-3R Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (Zero To Three, 2005)</i>.</p> <p>Have in-depth knowledge and awareness of specific cultures.</p>		

## ASSESSMENT (KNOWLEDGE) CONTINUED

PRIMARY KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	CORE KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	SPECIFIC KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT
			<p>Have an understanding of common mental health and AOD problems affecting infants, children and young people, as well as co-existing problems. This includes an awareness of how these are classified according to key documents such as the <i>Diagnostic &amp; Statistical Manual (DSM- V)</i> (American Psychiatric Association, 2013) and the <i>International Classification of Diseases (ICD 10)</i> (World Health Organization, 2004).</p>					



## ASSESSMENT (KNOWLEDGE) CONTINUED

PRIMARY KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	CORE KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	SPECIFIC KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT
			<p>Have an understanding of common theoretical frameworks applied within infant, child and adolescent mental health including:</p> <ul style="list-style-type: none"> <li>• Attachment Theory</li> <li>• Cognitive Theory</li> <li>• Behaviour/Learning Theory</li> <li>• Interpersonal Theory</li> <li>• Systemic Theory</li> <li>• Dynamic Theory (Also applicable to intervention phase).</li> </ul> <p>Know how to integrate some/all of these theories with information gathered during an assessment to complete a bio-psycho-social formulation.</p>					

## ASSESSMENT (KNOWLEDGE) CONTINUED

PRIMARY KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	CORE KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	SPECIFIC KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT
			<p>Have knowledge of alternative models of formulation using singular frameworks (such as systemic or psychodynamic formulation) and cultural frameworks (such as Te Whare Tapa Wha (Māori) and <i>Fonofale</i> (Pacific) and how and where to access these when needed.</p> <p>Have up-to-date knowledge of alcohol and other substances which may be used by children and young people, including their potential side-effects.</p> <p>Have some knowledge and understanding of effects and side-effects of commonly prescribed medications; know how to elicit the latter from young people and/or families and how to address side-effects in conjunction with specialist practitioners within the service.</p> <p>Have good knowledge and understanding of the principles of recovery and resilience (Mental Health Commission, 2001), recognising the inter-relationships between not only the individual, but also the family/whānau in recovery and resilience</p>					

## ASSESSMENT (KNOWLEDGE) CONTINUED

PRIMARY KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	CORE KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	SPECIFIC KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT
			<p>Understand the developmental stage of family/whānau and the impact of multi-dimensional risks on the developmental process.</p> <p>Have knowledge regarding the potential impact of being a Child of a Parent with Mental Illness/Addiction (COPMIA) and knowledge of the support that exists for children, and for their parents (both formal COPMIA supports, and other supports in the community like kids clubs or parenting support groups).</p> <p>Have knowledge and understanding of <i>Real Skills Plus Seitapu: Working with Pacific Peoples</i> (incorporates aspects of Seitapu core competencies).  <a href="http://www.leva.co.nz/library/leva/lets-get-real---real-skills-plus-seitapu---working-with-pacific-peoples">www.leva.co.nz/library/leva/lets-get-real---real-skills-plus-seitapu---working-with-pacific-peoples</a></p>					

## ASSESSMENT (KNOWLEDGE) CONTINUED

PRIMARY KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	CORE KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	SPECIFIC KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT
			<p>Understand the <i>Te Whare o Tiki</i> framework describing the knowledge and skills required by the mental health and addiction workforce to be able to effectively respond to the needs of people and their families and family/ whānau, with co-existing problems.  <a href="http://www.matuaraki.org.nz/library/matuaraki/te-whare-o-tiki-co-existing-problems-knowledge-and-skills-framework">www.matuaraki.org.nz/library/matuaraki/te-whare-o-tiki-co-existing-problems-knowledge-and-skills-framework</a></p>					

## INTERVENTION (SKILLS) Refers to the range of practices that are chosen to support service-user well-being

The primary level worker will be able to provide a range of best practice/evidence-informed and culturally appropriate interventions to the level of their skills and knowledge in consultation with the clinical team or as per service guidelines and policy.

The specialist mental health/AOD practitioner will be able to provide a range of best practice/evidence-informed and culturally appropriate interventions. These are described in comprehensive care-plans for infants, children and young people with mental health/AOD concerns and their family/whānau.

<b>PRIMARY SKILLS:</b> The primary level practitioner is expected to:	COMPETENT NEED DEVELOPMENT	<b>CORE SKILLS:</b> The core level practitioner is expected to:	COMPETENT NEED DEVELOPMENT	<b>SPECIFIC SKILLS:</b> The specific level practitioner is expected to:	COMPETENT NEED DEVELOPMENT
<p>Where training has occurred and supervision/consultation is available, deliver evidence-informed brief interventions such as solution-focused techniques, family work, motivational interviewing and basic cognitive behavioural strategies.</p> <p>Provide written, video and web-based information or psycho-education to children, young people and their family/whānau.</p> <p>Work collaboratively with and make referrals to other services.</p>		<p>Develop and document a care plan in partnership with the child, young person, family/whānau and care team. The plan must include consideration of cultural and clinical concerns including risk, clear goals, including transitioning from service, risk/resilience planning and review process.</p> <p>Deliver interventions using a family/whānau focused approach.</p> <p>Implement interventions, consistent with relevant evidence-based practice guidelines.</p>		<p>Deliver and support core-level practitioners to undertake evidence-based therapies using one or more modalities, including but not restricted to the following:</p> <ul style="list-style-type: none"> <li>• Cognitive Behaviour Therapy</li> <li>• Behaviour Therapy</li> <li>• Family Therapy</li> <li>• Interpersonal Therapy</li> <li>• Dynamic Psychotherapy (including play, art)</li> <li>• Infant Therapies</li> <li>• Occupational Therapy/ Vocational Rehabilitation.</li> </ul>	

## INTERVENTION (SKILLS) CONTINUED

<b>PRIMARY SKILLS:</b> The primary level practitioner is expected to:	<b>COMPETENT</b>	<b>NEED DEVELOPMENT</b>	<b>CORE SKILLS:</b> The core level practitioner is expected to:	<b>COMPETENT</b>	<b>NEED DEVELOPMENT</b>	<b>SPECIFIC SKILLS:</b> The specific level practitioner is expected to:	<b>COMPETENT</b>	<b>NEED DEVELOPMENT</b>
<p>Maintain appropriate boundaries in interactions with the infant, child, young person and their family/whānau.</p> <p>Practice within the boundaries of relevant scope of professional practice, being aware of own limitations and when consultation and referral are required.</p> <p>Work in partnership with other agencies, child/youth consumer advisors and family/whānau advisors within the health sector in order to support appropriate entry and transition of infants, children and young people and their family /whānau from the agency/service.</p>			<p>With training and active collaboration with or supervision from practitioners with specific skills, within or external to the service, be able to provide evidence-based therapy using one or more modalities, including but not restricted to the following:</p> <ul style="list-style-type: none"> <li>• Cognitive Behaviour Therapy</li> <li>• Behaviour Therapy</li> <li>• Family Therapy</li> <li>• Interpersonal Therapy</li> <li>• Dynamic Psychotherapy (including play, art)</li> <li>• Infant Therapies</li> <li>• Occupational Therapy/ Vocational Rehabilitation.</li> </ul>			<p>Act as a resource to the care team and contribute to the intervention process by:</p> <ul style="list-style-type: none"> <li>• Supporting the enactment of recommendations of formal neuropsychiatric assessment.</li> <li>• Conducting on-going physical examination to help discriminate between mental health and physical presentations as well as physical consequences of mental health problems.</li> <li>• Undertaking regular physical observations (such as weight, pulse and blood pressure monitoring).</li> <li>• Prescribing psychotropic medication and acting as a resource for the team on pharmacological interventions.</li> </ul>		

## INTERVENTION (SKILLS) CONTINUED

<b>PRIMARY SKILLS:</b> The primary level practitioner is expected to:	COMPETENT	NEED DEVELOPMENT	<b>CORE SKILLS:</b> The core level practitioner is expected to:	COMPETENT	NEED DEVELOPMENT	<b>SPECIFIC SKILLS:</b> The specific level practitioner is expected to:	COMPETENT	NEED DEVELOPMENT
Appropriately consult with non-health services (such as education, justice and social services, including Child, Youth & Family) and engage in inter-agency activities with these services when required.			Be capable of maintaining risk management plans for infants, children and young people by updating and documenting on-going assessments of mental health risks and care & protection issues.			<ul style="list-style-type: none"> <li>• Undertaking sensory therapies.</li> <li>• Being available as a supervisor for the team, supporting the practitioners' reflective process and supporting practitioners to monitor their own emotional health and professional boundaries.</li> <li>• Undertaking culturally based therapies.</li> </ul>		

## INTERVENTION (SKILLS) CONTINUED

<b>PRIMARY SKILLS:</b> The primary level practitioner is expected to:	COMPETENT	NEED DEVELOPMENT	<b>CORE SKILLS:</b> The core level practitioner is expected to:	COMPETENT	NEED DEVELOPMENT	<b>SPECIFIC SKILLS:</b> The specific level practitioner is expected to:	COMPETENT	NEED DEVELOPMENT
<p>Maintain up-to-date client records.</p> <p>Document and manage vulnerabilities (including risk to self, to others and from others).</p> <p>Use technologies that support the process of engagement with young people and family/whānau (e.g. texting).</p>			<p>Coordinate family meetings, multi-disciplinary professionals meetings either informally or in conjunction with external agencies (such as Strengthening Families), so that infants, children and young people receive optimally coordinated care.</p> <p>Provide or coordinate all interventions to be offered in the context of Whānau Ora principles and cultural competence, being cognisant of the needs of people from the range of cultures and ethnicities attending infant, child and youth mental health/AOD services.</p>			<ul style="list-style-type: none"> <li>Organising complex multi-agency meetings accessing external support such as <i>High &amp; Complex Needs</i> funding.</li> <li>Being a resource to the team on issues for children of parents with mental illness and/or addictions (COPMIA).</li> </ul> <p>With appropriate training and under the auspices of the local DAMHS, perform the role of 'responsible clinician', monitor and provide interventions to the child or young person under the <i>Mental Health Compulsory Assessment &amp; Treatment Act</i> (Ministry of Health, 1992).</p> <p>Utilise in-depth knowledge of mental health and/or AOD practice to develop psycho-education resources for children, young people and their families/whānau.</p> <p>Role-model reflective practice. Lead clinical review processes. Be involved in the delivery of professional, clinical, and cultural supervision.</p>		



## INTERVENTION (SKILLS) CONTINUED

<b>PRIMARY SKILLS:</b> The primary level practitioner is expected to:	COMPETENT	NEED DEVELOPMENT	<b>CORE SKILLS:</b> The core level practitioner is expected to:	COMPETENT	NEED DEVELOPMENT	<b>SPECIFIC SKILLS:</b> The specific level practitioner is expected to:	COMPETENT	NEED DEVELOPMENT
			<p>Identify and intervene early in the lives of children and families experiencing distress through mental health and AOD concerns. Offer appropriate support for adult MH and AOD clients in their role as parents; provision of group psycho-education programmes that provide peer support for children and young people and promote resilience; make referrals for support from COPMIA (children of parents with mental illness and/or addictions) services.</p> <p>With training, be able to routinely use global outcome measures to evaluate clinical change.</p>			<p>Be a resource and a role model for the team regarding the provision of inter-sectoral interventions and know how to develop interagency service level agreements.</p> <p>Provide consultation and liaison to a broad range of community and specialist agencies across sectors involved in the well-being of infants, children, young people and their family/whānau.</p> <p>Be available as a resource to the team regarding the importance of maintaining professional boundaries.</p> <p>Be actively involved in supporting/ teaching/coaching/ mentoring/ supervising students/interns/new staff.</p>		

## INTERVENTION (SKILLS) CONTINUED

<b>PRIMARY SKILLS:</b> The primary level practitioner is expected to:	<b>COMPETENT</b>	<b>NEED DEVELOPMENT</b>	<b>CORE SKILLS:</b> The core level practitioner is expected to:	<b>COMPETENT</b>	<b>NEED DEVELOPMENT</b>	<b>SPECIFIC SKILLS:</b> The specific level practitioner is expected to:	<b>COMPETENT</b>	<b>NEED DEVELOPMENT</b>
			<p>In conjunction with practitioners with specific-level skills within the service, be able to use more targeted clinical outcome measures.</p> <p>Participate in or develop research (ethics committee approved) that is aimed at enhancing service provision and improving outcomes for service-users.</p>			<p>Provide support to children and young people who have had experiences of using mental health/AOD services to participate in service planning and delivery, promoting opportunities for these people to move into youth/family/whānau consumer advisory roles.</p> <p>Be able to initiate and lead ethics-approved research that is aimed at enhancing service provision and improving outcomes for service-users.</p> <p>Be actively involved in recruitment and retention processes within infant, child and youth mental health/AOD services.</p>		

## INTERVENTION (KNOWLEDGE)

PRIMARY KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	CORE KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	SPECIFIC KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT
<p>Have broad knowledge of resources and networks within the community for infants, children, young people and their family/whānau to access evidence-based parenting courses such as <i>Incredible Years</i> (Webster-Stratton, 2005), <i>Triple P</i> (Sanders, Markie-Dadds, Turner, &amp; Brechman-Toussaint, 2000) (see Appendix A).</p> <p>Have knowledge of techniques that children and young people can use to self-soothe e.g. breathing, visualisations, sensory modulation, etc.</p> <p>Understand the principles and delivery of support and advocacy for children/young people.</p>			<p>Have some knowledge of theoretical frameworks and best-supported and most promising evidence-based interventions (for examples refer to Appendix B) as well as outcome measures such as <i>HoNOSCA</i>, (Gowers, Harrington, Whitton, &amp; et al., 1999), <i>Strengths and Difficulties Questionnaire</i> (Goodman &amp; Goodman, 2009).</p> <p>Understand how to take a systemic approach in all family/whānau contacts including the plan for transition and integrating with community systems.</p> <p>Understand the context for inter-sectoral relationship management (system of care principles and philosophy).</p>			<p>Have in-depth knowledge of risk management processes and legislation relevant to infants, children and young people and their family/whānau with mental health and /or AOD concerns.</p> <p>Have in-depth understanding of inter-sectoral interventions and know how to develop interagency service level agreements.</p> <p>Have in-depth knowledge of mental health /AOD practices enabling consultation and liaison to a broad range of community and specialist agencies across sectors involved in the mental health and well-being of infants, children, young people and their family/whānau.</p>		

## INTERVENTION (KNOWLEDGE) CONTINUED

PRIMARY KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	CORE KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	SPECIFIC KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT
<p>Know how to access written, video and web-based information or psycho-education for children, young people and their family/whānau.</p> <p>Understand the barriers to maintaining contact with services for young people and their families and how services can ameliorate these, e.g. transport, stigma and discrimination, not wanting to miss school etc.</p> <p>Know the principles of working in partnership with other agencies, youth consumer advisors and family/whānau advisors within the health sector, in order to support appropriate entry and transition from the agency/service.</p>			<p>Have knowledge of parental rights and relevant legislation such as child protection legislation and informed consent with regards to children, young people and their family/whānau.</p>			<p>Have in-depth knowledge of context for inter-sectoral relationship management (system of care principles and philosophy). This will enable the provision of advice to the care team on the implementation of community engagement and the development of community relationships including those with a broad range of multi-cultural agencies.</p> <p>Know how to support young people who have had experiences of using mental health/AOD services to participate in service planning and delivery, promoting opportunities for these people to move into youth/family/whānau consumer advisory roles.</p>		

## INTERVENTION (KNOWLEDGE) CONTINUED

PRIMARY KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	CORE KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT	SPECIFIC KNOWLEDGE:	COMPETENT	NEED DEVELOPMENT
<p>Have a basic understanding of the role of audit in practice improvement and when necessary, the requirement to contribute data for service improvement at a local or national level.</p> <p>Have an awareness and understanding of the Whānau Ora approach (Taskforce on Whānau-Centred Initiatives, 2009) that sees the infant, child and young person as part of a whole family/whānau, recognising the relationship between the well-being of the family/whānau and the child/young person; where appropriate, know how to use an inclusive inter-agency approach to empower family/whānau as a whole.</p>						<p>Have an understanding of the principles of workforce development and the need to develop and sustain the ICAMH/AOD workforce.</p> <p>Know how to interpret outcome data and use such data in service-delivery planning.</p> <p>Know how to initiate and lead ethics-approved research that is aimed at enhancing service provision and improving outcomes for service-users.</p> <p>Have knowledge and understanding of the principles of policy development in relationship to service delivery. Have knowledge of the principles and models of effective leadership and lead the development of clinical models of care across multiple services.</p>		

## HOW IS COMPETENCE DEFINED & RATED?

There are multiple ways in which competencies may be achieved by individuals, including formal training and informal training/clinical experience. More objective description and evaluation of these competencies will lead to a more accurate picture of current workforce abilities and training needs. It is also likely to improve the quality of professional training and courses in the future. Formal and informal methods of competency acquisition are defined below.

### *Formal Methods:*

- 1) Professional training that includes:
  - a. Acquisition of knowledge (for knowledge based competencies)
  - b. Direct observation and assessment of skills (for skills based competencies).
- 2) Specific training courses that include:
  - a. Acquisition of knowledge (for knowledge based competencies)
  - b. Direct observation and assessment of skills (for skills based competencies).

### *Informal Methods:*

- 1) Clinical experience
- 2) Professional development activities (including clinical supervision and coaching)
- 3) Exemplars of practice
- 4) Performance appraisals, including feedback from colleagues and service-users/family/whānau.

## E-SKILLS PLUS

E-Skills Plus is designed to assess and identify the capabilities and needs of the infant, child, and adolescent mental health and AOD workforce at all three levels of performance indicators (Primary, Core and Specific) within both primary level services and secondary services.

The tool has been developed to make it easier for practitioners to assess themselves against the previously listed performance indicators and identify whether they believe they are 'competent' or 'need development' in that area. Information from the following professional frameworks has been cross-referenced with Real Skills Plus CAMHS (The Werry Centre, 2009) to automatically identify competencies achieved via discipline-specific training:

- Medicine/Psychiatry
- Nursing
- Psychology
- Social Work
- Occupational Therapy
- Child Psychotherapy

This enables practitioners from the most common mental health disciplines to focus upon the remainder of the competencies within the *Real Skills Plus ICAMH/AOD* framework and identify which they have gained through other means and which still need development. Other professional frameworks may be cross-referenced in the future.

Where competencies are cited as being achieved (competent), practitioners will be asked to specify whether these were gained via formal or informal methods (as previously described) and, for particular therapy-related skills, to state their sources. E-Skills Plus may be completed by practitioners on their own or in conjunction with a team leader/senior clinician/manager.

Results from using the E-Skills Plus may be used to provide an individual profile for each practitioner, which can be used to identify areas of strength and/or advocate for further training. In addition, they may be collated and used to identify the profile of abilities and gaps within teams and organisations.

Service-level information from results may, with permission, be included in future bi-annual stocktakes to assist training providers to better target knowledge and skills-based training toward services.

The E-Skills Plus tool may be found here: [e-skillsplus.werrycentre.org.nz](https://e-skillsplus.werrycentre.org.nz)



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## GLOSSARY

For the purposes of this framework, the following definitions are offered:

BRIEF INTERVENTION:	Brief interventions are interventions that are limited by time and focused on changing behaviour.
CARE-TEAM:	People working together at an infant, child, and youth mental health/AOD service.
CARERS:	People who are parents, guardians or caregivers of an infant, child or young person.
CHILD:	4-12 years of age.
COPMIA:	COPMIA is an acronym of “Children of Parents with Mental Illness and/or Addiction”. In this document, Children of Parents with Mental Illness and/or Addiction also refers to a national initiative which promotes better mental health outcomes for children who have a parent or carer with mental health and/or alcohol and drug problems.
INFANT:	A description of infancy and toddler-hood, aged from birth to 4 years.
PARENT/CAREGIVER:	Person/couple having given birth to, or holding custody/guardianship, of a child.
PRACTITIONER:	Encompasses the broad range of people employed in the non-government, private and government sectors who have attained the minimum knowledge, skills and attitudes to work in an infant, child or youth mental health/AOD service at primary level and secondary services.
WHĀNAU: WHĀNAU ORA	Family or extended family/group of people who are important to the infant, child or young person. Whānau Ora is an inclusive, culturally anchored approach to providing services and opportunities to whānau and families across New Zealand. It empowers whānau and families as a whole, rather than separately focusing on individual family members and their problems.

Whānau ora is being implemented in Māori health services in Aotearoa/New Zealand and is expected to contribute to the broad dimensions of whānau well-being, as determined by whānau (Rising to the Challenge, Ministry of Health, 2012). These aspects include:

- Self-managing
- Living healthy lifestyles
- Participating fully in society
- Confidently participating in te ao Māori
- Economically secure and successfully involved in wealth creation
- Cohesive, resilient and nurturing (Taskforce on Whānau-centred Initiatives, 2009).

YOUNG PERSON: 13-19 years of age.

# APPENDICES

## APPENDIX A: EXAMPLES OF EVIDENCE-INFORMED INTERVENTIONS

### Examples of resources to inform evidence-based practice:

- The Mental Health in Scotland, The Matrix – 2011: A guide to delivering evidence-based Psychological Therapies in Scotland is a comprehensive review of evidence-based interventions. 'The Matrix' is intended to provide a summary of the information on the evidence base for the effectiveness of particular psychological therapies for particular service-user groups. The Matrix evidence tables use a unified system for grading evidence and making recommendations.

This current version includes new or revised tables on the evidence base for the application of psychological interventions with:

- Older people
- Children and adolescents
- People with learning disabilities
- Forensic populations
- Trauma and PTSD
- Depression.

<http://www.nes.scot.nhs.uk/media/20137/Psychology%20Matrix%202013.pdf>

- The Werry Centre (2010). Evidence-Based Age-Appropriate Interventions – A Guide for Child and Adolescent Mental Health Services (CAMHS) (2nd ed.). Auckland: The Werry Centre for Child and Adolescent Mental Health Workforce Development.

<http://www.werrycentre.org.nz/sites/default/files/Evidence%20Based%20Age-Appropriate%20Interventions%202010.pdf>



## EXAMPLES OF EVIDENCE-BASED & EVIDENCE-INFORMED INTERVENTIONS:

- Guided Interaction (McDonough, 2000).
- Child-Parent Psychotherapy (Lieberman, Van Horn, & Ghosh Ippen, 2005).
- Watch, Wait and Wonder (Cohen et al., 1999).
- Steps Towards Effective Parenting (STEEP) (Egeland & Erickson, 2004).
- Cognitive Behavioural Therapy (CBT) (Beck, Emery, & Greenberg, 1985; Graham & Goodyer, 2004).
- Family Therapy (FT) - for an overview, see Carr (2006) and Gurman & Knisken (1991).
- Multi-Systemic Therapy (MST) (Borduin, 1999).
- Parenting programmes such as *'The Incredible Years'* (Webster-Stratton, 2005) and *'Triple P'* (Sanders et al., 2000).
- Interpersonal Psychotherapy for Adolescents (Weissman, Marcowitz, & Klerman, 2000).
- Motivational Interviewing (Miller & Rollnick, 2002).
- Solution Focused Therapy (O'Connell, 2005).
- Dialectical Behaviour Therapy (DBT) (Linehan, 2006).
- Psychopharmacology (Werry & Aman, 1999).
- The Circle of Security Intervention (Powell, Cooper, Hoffman, & Marvin, 2013). (Limited evidence re efficacy to date but opinion suggests that this therapy might be helpful).

## **APPENDIX B: EXAMPLES OF EVIDENCE-BASED CHECK LIST/ASSESSMENT TOOLS/DIAGNOSTIC SYSTEMS:**

- Relationship Problems Checklist [RPCL] (Zero to Three, 2005).
- The Parent-Infant Relationship Global Assessment Scale [PIR-GAS] from Axis II of Diagnostic classification of mental health & developmental disorders of infancy and early childhood [DC: 0- 3 Revised].
- Infant Toddler Social & Emotional Assessment (ITSEA) (Carter, et al., (2003)) & Brief Infant-Toddler Social Emotional Assessment (BITSEA) (Briggs-Gowen, et al., (2004)).
- Substance & Choices Scale (SACS) (Christie, 2007).
- Kessler Psychological Distress Scale (Kessler, 2002).
- HEEADSSSS 3.0. (Klein, Goldenring, & Adelman, 2014).
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## **APPENDIX C: OVERVIEW OF RELEVANT FRAMEWORKS**

A search for other competency frameworks for the infant, child, youth and family/whānau mental health and AOD workforces was broadened to include frameworks for the whole of mental health and addiction workforces. In addition to the professional competency frameworks outlined in this document, the frameworks that were helpful in the development of this revised version of *Real Skills Plus ICAMH/AOD* were as follows:

## **NSW CHILD & ADOLESCENT MENTAL HEALTH SERVICE (CAMHS) COMPETENCY FRAMEWORK (2011):**

Competencies are identified within three broad categories – universal, clinical and population approach competencies. Clinical competencies apply to clinical staff and population approach competencies apply to professionals with mental health promotion and primary prevention responsibilities ([www.health.nsw.gov.au](http://www.health.nsw.gov.au)).

## **NEW HAMPSHIRE CHILDREN'S BEHAVIOURIAL HEALTH CORE COMPETENCIES (OCT 2012):**

The framework identifies six guiding principles within seven competency domains, reflecting the primary content areas for the knowledge and skills that are known to be critical in the delivery of services in the children's behavioural health field. The competencies are organised by levels of knowledge and skills in each domain. There are three levels, foundation, intermediate and advanced ([http://www.iod.unh.edu/pdf/NH\\_BHCompetencies\\_FINAL.pdf](http://www.iod.unh.edu/pdf/NH_BHCompetencies_FINAL.pdf)).

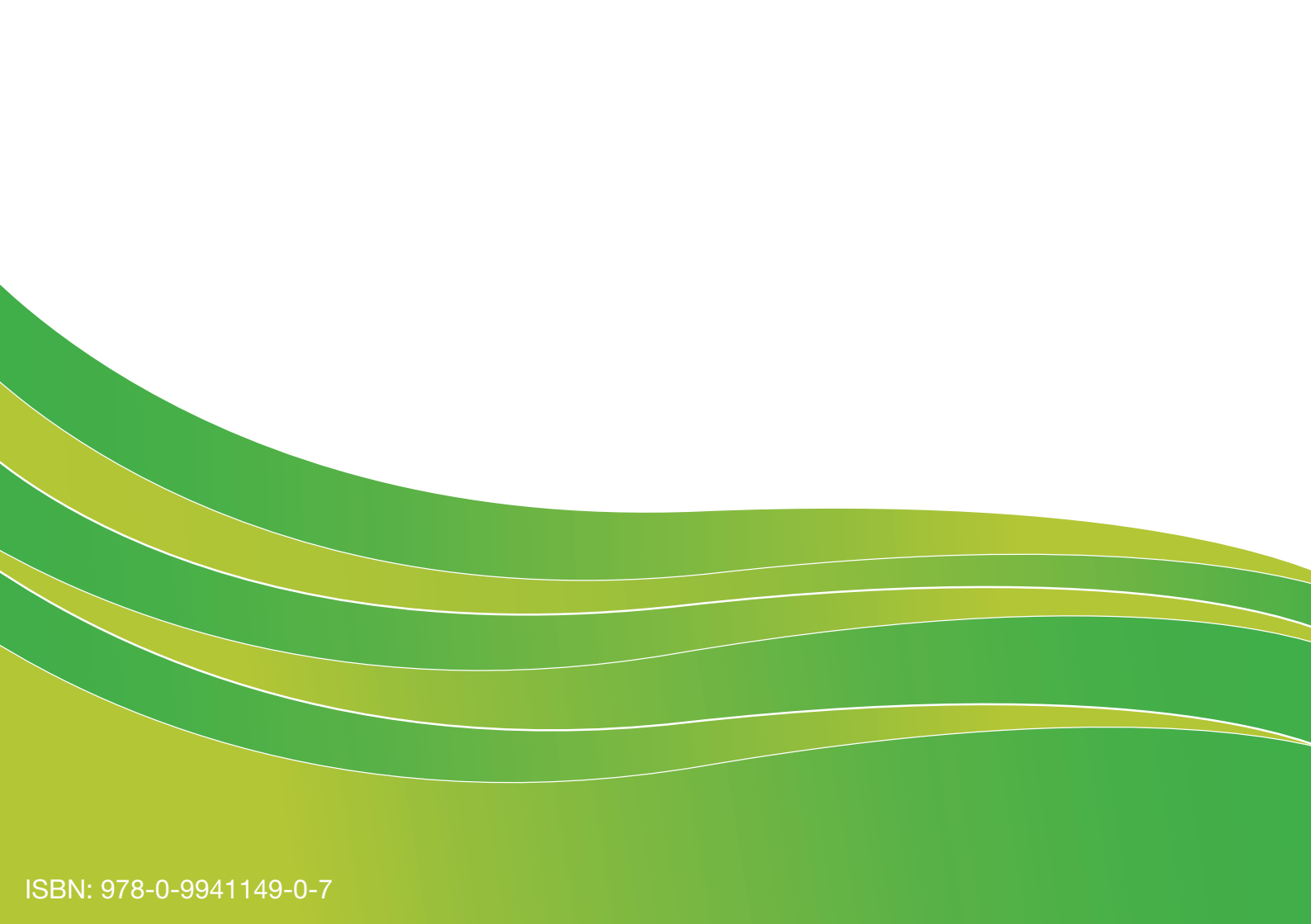
## **A COMPETENCE FRAMEWORK FOR CHILD & ADOLESCENT MENTAL HEALTH SERVICES, NHS EDUCATION FOR SCOTLAND:**

The competence framework is designed primarily to be relevant to specialist CAMHS workers in child and adolescent mental health settings. Specific parts of the competence framework will be relevant to professionals in the wider networks such as primary school teachers, health visitors and social workers ([www.ucl.ac.uk/CORE](http://www.ucl.ac.uk/CORE)).

## **THE MENTAL HEALTH COMMISSION RECOVERY COMPETENCIES FOR NEW ZEALAND MENTAL HEALTH WORKERS (MENTAL HEALTH COMMISSION, 2001):**

The competencies in this New Zealand framework focus on partnership, participation, strengths-based practice, self-awareness, social justice and recovery. Recovery is defined as 'the ability to live well in the presence or absence of one's mental illnesses'. The competencies guide a significant amount of the current delivery of mental health services in New Zealand ([www.mhc.govt.nz](http://www.mhc.govt.nz)).





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