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| Children and Young People’s Psychological Trainings  (CYP PT)    National curriculum for evidence-based assessment and support for autistic children and young people and/or those with a learning disability |
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# Background and context

### Introduction

The Children and Young People’s Psychological Trainings (CYP PT), formerly known as CYP Improving Access to Psychological Therapies (IAPT), are designed to increase access to skilled, evidence-based care by growing and upskilling the workforce delivering child and adolescent mental health services.

To this end, the current curriculum aims to enhance (i) access to and (ii) quality of assessment and support for neurodivergent children and adolescents, with a particular focus on those who are autistic and/or have a learning disability. Its 3 modules draw on the current evidence base to convey contemporary theory and best practice. Module 1 is an in-depth, practice-oriented introduction to working with neurodiverse children and young people, focusing on autism and learning disability. Module 2 focuses on assessment and psychological formulation. Module 3 helps students develop thinking and skills for supporting wellbeing and functioning in neurodiverse children and young people, focusing on those who are autistic and/or have a learning disability.

### Entry requirements

The full programme is intended for practitioners working specifically in the neurodevelopmental field (including autism or learning disabilities), as well as those involved in the broader delivery of mental health care to neurodiverse children and young people.

The course is designed for people working in a range of roles with neurodivergent children and young people, to enhance their capabilities and contribute to assessment and support. It is designed to enhance skills that can be applied in diverse settings and is appropriate for a wide range of practitioners at different career stages. As such, it is relevant to various professionals working in:

* services specifically targeted at neurodivergent children and young people, such as neurodevelopmental child and adolescent mental health services.
* clinical services where substantial numbers of neurodivergent children and young people are seen, for example both outpatient and inpatient CYP mental health services.
* educational settings.
* voluntary sector roles supporting neurodivergent children and young people.

Former graduates have come from a very broad range of professional roles, including: neurodevelopmental practitioners, assistant psychologists, mental health and learning disabilities nurses, art and drama therapists, speech and language therapists, occupational therapists, children’s wellbeing practitioners (CWPs), education mental health practitioners (EMHPs), family support workers, special educational needs co-ordinators (SENCOs), teaching assistants, and special educational needs and disabilities (SEND) teachers.

The programme will be open to staff with and without graduate-level qualifications. Those without graduate-level qualifications can access the course if the higher education institution (HEI) offers the option of a graduate certificate award**.** Flexible entry requirementsshould be in place, to reflect the diverse professional roles that can benefit from the programme. All applicants will need to demonstrate a basic level of clinical competence and experience of having worked with this clinical group for at least 1 year.

Students on the programme must meet the following entry requirements:

1. They must have undergone training in a mental health-related profession (for example, psychology, nursing, social work, occupational therapy, speech and language therapy, special needs teaching, other psychotherapy or counselling).
2. If applicants do not have one of the core professions listed above (for example, health visitors, early intervention workers, those being trained as neurodevelopmental practitioners), they are eligible for the course if they can demonstrate the following: consolidated practice delivering confident and competent assessment and/or support to autistic children and young people and/or those with a learning disability and/or those with other neurodevelopmental needs within NHS, social care, educational and/or third sector services.
3. They must be a self-motivated, independent learner, able to complete academic work at postgraduate diploma level and to learn via supervised clinical practice.
4. Experience of working with families, including parents, and with the systems around children and young people would be beneficial.
5. They must display a high level of motivation to improve mental health, emotional wellbeing, and self-realisation in this client group.

### Qualifications

The whole curriculum is equivalent to 60 credits and is open to staff with graduate-level qualifications and staff who do not have graduate-level qualifications. Staff may be awarded a Graduate or Postgraduate Certificate in Neurodevelopmental Practice. Through successful completion of the course, staff will have met accreditation standards for assessment and treatment practice with young people with a learning disability/autism.

### Definitions and ethos

Neuroaffirmative practice.

The curriculum takes a neuroaffirmative stance, located in the neurodiversity approach to understanding autism, learning difficulties and other neurodevelopmental conditions such as attention deficit hyperactivity disorder (ADHD). This reflects both empirical evidence and the wishes of neurodivergent communities.

All of us are part of a neurodiverse population made up of varied neurotypes; that is, ways of thinking and interacting with the world that reflect diversity in brain development. An axiom of neuroaffirmative practice, and of this curriculum, is that no one neurotype is inherently superior or inferior to others. Accordingly, neurotypes such as autism, learning disability and/or ADHD are viewed as forms of difference, rather than as inherently disordered neurodevelopmental states.

Nevertheless, we fully acknowledge that some neurotypes, including autism and learning disability, under current systems of care, are strongly associated with functional impairment and low wellbeing. Within neuroaffirmative practice this is understood as arising from poor fit between the neurodivergent person and their environment. As such, the difficulties faced by an autistic child or an adolescent with a learning disability are not understood as arising directly from their neurodevelopmental condition, but rather from the mismatch between, on the one hand, their capabilities, limitations and motivations; and on the other hand, what their environment offers to and expects from them. In this approach, intervention is focused not on ‘curing’ the individual of their neurodivergence, but rather on improving their wellbeing and functioning by enhancing the person–environment fit.

### Autism

In this curriculum we use the term ‘autism’ as a direct synonym for the diagnostic entity named ‘autism spectrum disorder’ in the ‘International Classification of Diseases 11th Revision’ (ICD-11) and the ‘Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition’ (DSM-5).

Autism describes a specific form of neurodivergence, characterised by neurological differences with reciprocal social interaction and social communication, combined with a tendency towards less flexible patterns of thought and behaviour, special interests and varied ways of processing and responding to the sensory environment.

We use identity-first language (for example, 'autistic people’) rather than person-first language (‘person with autism’). Identity-first language tends to be preferred in the autism community because: (i) it reflects the idea that autism is fundamental to many autistic people’s identity; and (ii) it avoids conveying an assumption, implicit in person-first language, that the condition being referenced is pathological.

### Learning disability

Learning disability, as defined in DSM-5 and ICD-11 (where it is referred to as ‘intellectual disability’), is diagnosed when three core criteria are met, specifically: (i) lower intellectual ability (usually an IQ of less than 70); (ii) significant impairment of social or adaptive functioning; and (iii) onset from birth. Everyone with a learning disability is unique in their profile and will have mixed support needs, with some needing minimal support and others having complex needs requiring intensive support. Learning disability is different from specific learning difficulties such as dyslexia, which do not affect general intellectual ability. Although the term ‘intellectual disability’ is becoming accepted internationally, ‘learning disability’ remains the most widely used and accepted term in the UK, used in guidance from the National Institute for Health and Care Excellence (NICE), and is therefore used throughout this document (see ‘NICE guidelines’, 2019)

### Key clinical principles of the curriculum

The curriculum embodies the following principles, which reflect empirical evidence and a neuroaffirmative ethos.

Respect for the perspective of children, young people and their families. This includes an assumption that there is always a reason for underlying distress, and practitioners should be trained to formulate and equipped to empathetically manage individual distress.

Children and young people must be understood in context. To understand and respond to the needs of neurodivergent children and young people, person–environment fit must be assessed, formulated and acted upon. This contrasts with an individualised approach that simply seeks to understand a child or young person’s difficulties by characterising their personal pattern of strengths and difficulties. Such individualised approaches lack veracity and promote unfair treatment of neurodiverse people, via the assumption that their problems inevitably stem directly from their ‘impairments’ and ‘disorder’.

Context is multi-layered. Environments have multiple features and different nested levels. As such, the curriculum takes a broad view of the environment when teaching formulating and how to improve person–environment fit, including: consideration of the immediate physical and social environment; relationships in the immediate and wider family; characteristics of other communities in which the child or young person operates, for example their school, university or place of worship; and the socio-economic and political context of the day.

Social and economic inequality influence neurodivergent children, young people and their families. Reflecting its concern with how environments can promote or limit the functioning and wellbeing of neurodiverse children, young people and their families, the curriculum includes consideration of how various forms of unfairness (for example, poverty, racism, sex/gender-based discrimination and ableism) influence the lives of neurodiverse children and young people. The teaching also considers the influence of culture on the experiences of autistic children and young people, and/or those with a learning disability and/or other forms of neurodiversity.

Children and young people should be understood from a developmental, lifespan perspective. The presentation and needs of neurodivergent children and young people are outcomes of multiple influences operating over time and should be formulated with such a developmental perspective in mind. As part of this developmental perspective, it is assumed that neurodivergent children and young people can develop and change according to the opportunities they are given. With this comes an attitude that positive change is possible. The curriculum’s lifespan perspective includes a focus on transitions, when rapid changes in the environment (for example, the move from primary to secondary school) can dramatically alter person–environment fit and thereby create particular pressures for neurodivergent children, young people and their families.

### Teaching and learning

Teaching across the curriculum should comprise the following elements:

* Didactic teaching:Some elements of the training require a basic level of knowledge across trainees so that they can work in a consistent way in their services. As a result, some of the curriculum should be delivered in a didactic style to ensure baseline knowledge in particular areas is gained.
* Large and small group discussions:Trainers need to ensure that any didactic teaching is balanced by sufficient time to explore the different perspectives of the trainee group. More intimate, self-exposing, reflective discussion and skills developmentshould take place in small groups.
* Direct involvement of experts by experience, specifically experience of autistic children and young people with and without co-occurring learning disability, children and young people with a learning disability who are not autistic, and families of neurodivergent children and young people. Involvement should include opportunities to shape the content of teaching sessions, help directly deliver teaching and influence assessment.
* Extensive use of case discussion and role-play: This will most likely form the largest part of the training, because ultimately the course is designed to enhance skills, rather than just develop knowledge.
* Reflective practice sessions: An essential component of working with autistic children and young people and/or children and young people with a learning disability is fostering an attuned and sensitive interaction in any clinical exchange. Trainees will be supported to adopt a mentalising stance within the training to support them to develop ‘mind-mindedness’ and the ability to reflect on their own practice.
* Observation skills:Skilled observation is a further essential component of working with neurodivergent children and young people, including those who are autistic and/or have a learning disability. It is expected that trainees will become further skilled at observation through a combination of teaching and workshops, but also through close supervised practice in which dyadic interaction will be micro-analysed and discussed. Trainees will be expected to complete observation of the childcare giver as a minimum while undertaking assessment, and it is recommended that observation occur within multiple settings if possible.

# Course modules

Module 1: Introduction to neurodiversity

Module 2: Assessment and formulation

Module 3: Interventions to improve wellbeing and functioning

# Course structure, teaching and learning strategies

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| Introduction to the national curriculum for evidence-based and support for autistic children and young people and/or those with a learning disability modules | | |
| Module 1: Introduction to neurodiversity  Overview  This module provides the theoretical, clinical, ethical, and legislative knowledge that is the foundation for enhancing practice with neurodivergent children and young people. Its focus is on children and young people who are autistic and/or have a learning disability, but the module also provides an introduction to working with a range of neurodevelopmental conditions and mental health problems that are commonly associated with autism and/or learning disability. | | |
| Module | Module aims | Content/learning objectives |
| Module 1: | To provide knowledge that lays the foundations for students to enhance their practice with neurodivergent children and young people. The module aims to support development of:   * understanding of the neurodiversity perspective and of neuroaffirmative work; and understanding of the strengths and challenges of applying such a framework within existing health, educational and care systems * clinically relevant knowledge about autism and learning disabilities * clinically relevant knowledge about neurodevelopmental and mental health conditions commonly associated with autism and/or learning disabilities * understanding of how factors such as socio-economic status, ethnicity, sex, gender and sexuality intersect with neurodivergence * the legal and policy frameworks that shape practice with autistic children and young people, those with a learning disability, and those with other neurodevelopmental conditions | General learning objectives  Through completing this module, trainees will develop:   * understanding of the concept of neurodiversity and of neuroaffirmative approaches to working with neurodivergent children, young people, and their families, and of the social model of disability. * knowledge of autism that reflects the latest scientific evidence and the views of autistic people and their families. * knowledge of learning disabilities that reflects the latest scientific evidence and the views of people with learning difficulties and their families. * knowledge of a range of neurodevelopmental conditions that commonly co-occur with autism and/or learning disability, including ADHD, specific learning difficulties (such as dyslexia), developmental co-ordination disorder and speech and language difficulties. * knowledge of a range of physical and mental health problems that commonly co-occur with autism and/or learning disability. * understanding of the intersection between neurodivergence and factors such as poverty, ethnicity, sexuality, sex, and gender. * up-to-date knowledge of relevant legislation and policy that shape practice with neurodivergent children and young people, in particular those who are autistic and/or have a learning disability.   Specific skills and knowledge  Affirmative approaches to neurodiversity  Students will develop understanding of:   * the concept of neurodiversity * neuroaffirmative approaches to care, including the prime importance of giving neurodivergent children, young people and their families power to shape knowledge and practice; the nature and purpose of neuroaffirmative language; and the importance of person–environment fit in conditioning functioning and wellbeing. * The social model of disability, including how it relates to the neurodiversity paradigm. This includes understanding that barriers within healthcare systems can contribute to health inequalities experienced by people who are neurodivergent. * the fact that some children and young people self-identify as neurodivergent without a formal diagnosis of a neurodevelopmental condition, with a critical understanding of the debates and dilemmas this raises.   Knowledge of autism  Students will develop understanding of:   * the diagnostic criteria for ‘autism spectrum disorder’ in ICD-11 and DSM-5, with a developing ability to reflect on how this relates to neuroaffirmative practice. * Key facts about autism, including its core and associated characteristics, prevalence, aetiology, and male-to-female ratio. * how the characteristics and experiences of autistic children and young people are influenced by their chronological age, intellectual and language development, sex/gender, and ethnicity. This should include understanding of how some social and personal factors (gender, ethnicity, socio-economic status) influence access to and relationships with services. * how the presence or absence of a learning disability influences the characteristics and experiences of autistic children and young people * the relationship between autism and gender diversity, including consideration of gender dysphoria. * key concepts from the scientific literature that increase understanding of the experiences and needs of autistic children and young people, including camouflaging (also known as masking or adaptive morphing), executive function, monotropism, the double empathy problem and autistic burnout   Knowledge of learning disability  Students will develop understanding of:   * the definition of ‘intellectual disability’ in ICD-11 and DSM-5, with a developing ability to reflect on how this relates to neuroaffirmative practice. * the role of cognitive testing in diagnosing learning disabilities and formulating needs, including the limitations of cognitive testing, for example as a means to understand an individual’s abilities in the real world. * the concept of adaptive functioning, understanding it as an outcome of person–environment fit; and recognising its value for mapping an individual’s profile of strengths and needs. * key facts about learning disability, including its core and associated characteristics, prevalence, aetiology, and male-to-female ratio. Understanding of aetiology will require knowledge of genetic (for example, Down’s syndrome, Fragile X) and environmental (for example, foetal alcohol syndrome) influences. * how the characteristics and experiences of children and young people with a learning disability are influenced by chronological age, level of intellectual and language development, sex/gender, and ethnicity. This should include understanding of how some social and personal factors (gender, ethnicity, socio-economic status) influence access to and relationships with services     Knowledge of a range of neurodevelopmental conditions that commonly co-occur with autism and/or learning disability.  Students will develop understanding of:   * the range of neurodevelopmental conditions that co-occur with autism. * the range of neurodevelopmental conditions that co-occur with a learning disability. * the concept of diagnostic overshadowing in relation to autism, learning disability and other neurodevelopmental conditions * ADHD, including:   + diagnostic criteria in ICD-11 and DSM-5   + presentation (core and associated features) of ADHD, especially when it co-occurs with autism and/or learning disability.   + lived experience of ADHD, especially when it co-occurs with autism and/or learning disability.   + key facts about ADHD (for example, prevalence, aetiology, male-to-female ratio, and outcomes across the lifespan) * speech and language problems, including:   + formal definitions/diagnostic criteria in ICD-11 and DSM-5   + presentation (core and associated features) of speech and language problems, especially when they co-occur with autism and/or learning disability.   + lived experience of speech and language problems, especially when they co-occur with autism and/or learning disability.   + key facts about speech and language problems (for example, prevalence, aetiology, male-to-female ratio, and outcomes across the lifespan) * specific learning difficulties:   + formal definitions/diagnostic criteria of specific learning disorders in ICD-11 and DSM-5   + presentation (core and associated features) of specific learning difficulties, especially when they co-occur with autism and/or learning disability.   + lived experience of specific learning difficulties, especially when they co-occur with autism and/or learning disability.   + key facts about specific learning difficulties (for example, prevalence, aetiology, male-to-female ratio, and outcomes across the lifespan) * developmental co-ordination disorder (dyspraxia)   + formal definitions/diagnostic criteria of developmental co-ordination disorder in ICD-11 and DSM-5   + presentation (core and associated features) of developmental co-ordination disorder, especially when it co-occurs with autism and/or learning disability.   + lived experience of developmental co-ordination disorder, especially when it co-occurs with autism and/or learning disability.   + key facts about developmental co-ordination disorder (for example, prevalence, aetiology, male-to-female ratio, and outcomes across the lifespan) * Tic disorders, including Tourette’s:   + formal definitions/diagnostic criteria of tics and tic disorders in ICD-11 and DSM-5   + presentation (core and associated features) of tic disorders, especially when they co-occur with autism and/or learning disability.   + lived experience of tic disorders, especially when they co-occur with autism and/or learning disability.   + key facts about tic disorders (for example, prevalence, aetiology, male-to-female ratio and outcomes across the lifespan)   Knowledge of a range of physical and mental health conditions that commonly co-occur with autism and/or learning disability.  Students will develop understanding of:   * the range of physical and mental health conditions that co-occur with autism at higher rates than are found among non-autistic children and young people. * the range of physical and mental health conditions that co-occur in children and young people with a learning disability compared with those without a learning disability. * the concept of diagnostic overshadowing in relation to neurodevelopmental conditions, physical health, and mental health * the lived experience of autistic children and young people and children and young people with a learning disability who experience physical health problems, including experience of accessing services; and steps that can be taken to make physical health settings more inclusive for neurodiverse children, young people, and their families. * the lived experience of autistic children and young people and children and young people with a learning disability who experience mental health problems, including experience of accessing services; and steps that can be taken to make physical health settings more inclusive for neurodiverse children, young people and their families. * the evidence that some mental health problems (for example, eating disorders) have autism-specific causes or learning disability-specific causes that may not be accounted for in formulation models that were developed for non-autistic children and young people. * the role of individual characteristics, the environment and person–environment fit in the development of mental health problems. * anxiety:   + formal definitions/diagnostic criteria of anxiety disorders in ICD-11 and DSM-5   + presentation (core and associated features) of anxiety disorders, especially when they co-occur with autism and/or learning disability.   + lived experience of anxiety disorders when they co-occur with autism and/or learning disability.   + key facts about anxiety disorders in autistic children and young people and/or children and young people with a learning disability (for example, prevalence, age of onset and course across childhood and adolescence, aetiology, male-to-female ratio, outcomes across the lifespan and treatment) * depression:   + formal definition/diagnostic criteria of depression in ICD-11 and DSM-5   + presentation (core and associated features) of depression in children and young people, especially when it co-occurs with autism and/or learning disability.   + lived experience of depression when it co-occurs with autism and/or learning disability.   + key facts about depression in autistic children and young people and/or children and young people with a learning disability (for example, prevalence, age of onset and course across childhood and adolescence, aetiology, male-to-female ratio, outcomes across the lifespan and treatment) * eating disorders:   + formal definition/diagnostic criteria of eating disorders in ICD-11 and DSM-5, to include disorders of restrictive eating (anorexia nervosa, atypical anorexia, avoidant restrictive food intake disorder) and of impulsivity (binge eating, bulimia nervosa)   + presentation (core and associated features) of eating disorders in children and young people, especially when they co-occur with autism and/or learning disability   + lived experience of eating disorders when they co-occur with autism and/or learning disability   + key facts about eating disorders in autistic children and young people and/or children and young people with a learning disability (for example, prevalence, age of onset and course across childhood and adolescence, aetiology, male-to-female ratio, outcomes across the lifespan and treatment) * conduct problems:   + formal definitions/diagnostic criteria of conduct disorder and oppositional defiant disorder in ICD-11 and DSM-5   + presentation (core and associated features) of conduct disorders, especially when they co-occur with autism and/or learning disability   + lived experience of conduct disorders when they co-occur with autism and/or learning disability   + key facts about conduct disorders in autistic children and young people and/or children and young people with a learning disability (for example, prevalence, age of onset and course across childhood and adolescence, aetiology, male-to-female ratio, outcomes across the lifespan and treatment)   Legislation and policy that shapes practice with neurodivergent children and young people  Students will develop understanding of:   * the key principles of the CYP Psychological Trainings (formerly CYP IAPT) and how these should be applied in work with neurodivergent children, young people and their families. In particular, this covers (i) the use of best-evidenced approaches to assessment and formulation; (ii) the centring of children and young people’s perspectives and those of their families; (iii) the use of routine outcome measurement; and (iv) the goal of making services accessible to neurodivergent children, young people and their families. * key theories and models of participation and the importance of capturing the views and voices of those with lived experience in the design and delivery of services * the knowledge to be able to design and deliver a participation project aimed at addressing one aspect of accessibility within the trainee’s own service * the use of routine outcome measures (ROMs) to capture the voices of children, young people and their families, and knowledge of evidence-based guidance on specific ROMS and approaches designed or adapted for autistic children and young people or children and young people who have learning disabilities * the knowledge and skills to support critical appraisal of research into autism and learning disabilities, including the ability to consider the degree to which research has been shaped by the priorities and expertise of neurodivergent children, young people and their families * the knowledge of relevant legislation and how this applies in their work with children and young people. This includes knowledge of: the Autism Act; the UN Convention on the Rights of Persons with Disabilities; the UN Convention on the Rights of the Child; the Equality Act; Care, Education and Treatment Reviews; Deprivation of Liberty Safeguards; the Transforming Care programme; and the SEND Act |
| Module 2: Assessment and formulation  Overview  This module is focused on enhancing knowledge and practical skills for assessment of neurodivergent children and young people. Crucially, it is also designed to help students develop the capacity to make comprehensive case formulations to guide implementation of effective, targeted interventions that enhance wellbeing and functioning. | | |
| Module | Module aims | Content/learning objectives |
| Module 2 | The module is designed to help students improve their capacity to conduct valid, inclusive, and useful assessments of neurodivergent children and young people, by supporting development of:   * understanding of general principles that should inform the design and conduct of assessments with children and young people * knowledge of how to adapt assessments to make them accessible for children, young people and their families * knowledge of how to assess for autism and/or learning difficulty, as well as for other neurodevelopmental conditions (for example, ADHD) and for mental health problems * the capacity to make comprehensive, on-model formulations that incorporate a range of individual and environmental factors, and which clearly point to how the child/young people and their family should be supported * an appropriate understanding of the limits of one’s personal competence, including when to seek supervision and when referral to a different service/specialist is needed * the capacity to explain the results of assessment (including sharing formulations) with children, young people and their families in ways that are comprehensible and useful to them | General learning outcomes    Through completing this module, students will be able to:   * understand the purpose and principles of assessment and formulation in providing a rationale for effective, person-centred intervention plans, including consideration of the wider systems around the young person * demonstrate an appreciation of the fundamental importance of providing individualised, person-centred adaptations in assessments with young people, to enhance the accessibility of services offered * effectively engage autistic children and young people and children and young people with a learning disability in an assessment, implementing appropriate adaptations to increase the accessibility and validity of the assessment * substantially contribute to the design, implementation, interpretation and feeding back of assessments for autism, for learning disability, for other neurodevelopmental conditions (for example, ADHD) and for mental health problems commonly found in neurodivergent children and young people * complete a comprehensive formulation for a child or young person presenting to services, which includes recognition of the range of individual and systemic factors which may predispose, precipitate or perpetuate difficulties, or may be protective * demonstrate a realistic understanding of the limits of one’s professional competence, and of when and how to refer to appropriate experts for further assessment when needed (for example, for some physical and mental health problems that can co-occur with autism and learning disabilities)   Specific skills and knowledge    Introduction to person-centred approaches to assessment and formulation  Successful trainees will be able to demonstrate core competencies in:   * understanding what should be included in a thorough assessment, including understanding the importance of considering the social contexts and systems around the young person * understanding the importance of considering the distinctive individual needs of each child and young person, and taking person-centred approaches in assessment and intervention * applying the concept of intersectionality to the assessment of neurodivergent children and young people, with due consideration given to how factors such as socio-economic status, ethnicity, sex, gender and sexuality can influence access to services, engagement, clinical presentation and how feedback from assessment should be provided * understanding the fundamental importance of developing a clear formulation based on a thorough assessment, and of using this formulation to provide a rationale and plan for intervention * having knowledge of the ‘5 Ps’ model of formulation * understanding the importance of taking a collaborative approach to developing and sharing formulations with children, young people and their families   Engagement and adaptations  Successful trainees will be able to demonstrate competencies in:   * applying a neuroaffirmative approach to engagement in assessment, which respects and accommodates different social and communication styles, including consideration of the double empathy problem and its relevance to assessment work with neurodivergent children and young people * taking a rounded perspective in assessment, which acknowledges strengths as well as challenges * being aware of barriers to meaningful engagement in assessment that can arise from services not accommodating factors such as neurodiversity (for example, language and cognitive development), mental and physical health, socio-economic status and ethnicity * adopting a collaborative, problem-solving stance with children, young people and their families to support their full engagement with assessment * using a range of specific tools and strategies that promote inclusion, to enable neurodivergent children, young people and their families to engage and communicate authentically with professionals. For example, this could include scheduling shorter sessions, more frequent use of verbal summaries, working with interpreters, and an emphasis on presenting and collecting information via visual strategies. It should also include communication-enhancing tools such as Braille, text to speech software, text amplification, pictures, photos, signing, talking mats, symbols and voice output communication aides * identifying and implementing physical adaptations to the service environment to promote the inclusion of neurodivergent children and young people     Assessment of development, neurodivergence and mental health  Successful trainees will be able to demonstrate competencies in:   * understanding and implementing general principles for assessments of children and young people, including the value of systematically gathering information from multiple sources (for example, previous reports from professionals, the child/young person, parents/family, educational setting) and evaluation of individual and systemic factors * understanding the process commonly involved in a high-quality autism and learning disability diagnostic assessment in the UK, based on relevant practice guidelines * awareness of the standardised diagnostic tools commonly used in assessment, for example, the ‘Autism Diagnostic Observation Schedule, Second Edition’; the Autism Diagnostic Interview-Revised; the Developmental, Dimensional and Diagnostic Interview; Wechsler intelligence tests; the Vineland Adaptive Behaviour Scales; and the Adaptive Behaviour Assessment System * knowledge of the indicators for referral for formal diagnostic assessment of young people who do not have a diagnosis, including consideration of how this varies with chronological and developmental age * understanding of how autism can often go under-recognised in certain groups – for example, girls, those with substantial mental health difficulties and young people from ethnic minorities – with a practical understanding of steps that can be taken to address this * understanding the theory and practice of triage and screening instruments for neurodevelopmental assessments, including an appropriate acknowledgement of the risks of using screening instruments alone to make decisions about subsequent access to full assessment * understanding the value and limitations of standardised measures as part of an assessment, including the value of routine outcome measurement * knowledge and skills for contributing to the identification and assessment of the core features of autism and learning disability during an assessment; understanding the varied ways they may manifest; and understanding how this variability relates to factors such as cognitive and language development, sex and gender, culture and chronological age * knowledge and skills for contributing to the identification and assessment of other forms of neurodevelopmental conditions that commonly co-occur with autism and/or learning disability (for example, ADHD, executive function difficulties, dyspraxia, speech and language difficulties) * knowledge and skills in assessing risk and safeguarding issues in autistic children and young people in the context of a broader psychosocial assessment, including consideration of risk to self, to others and from others; and awareness of particular risk factors which may confer vulnerability on this group (for example, mental health issues, social communication issues, social isolation, peer exclusion, exploitation, issues with engagement with education) * knowledge and skills around assessment of distressed behaviour, including what is sometimes known as ‘challenging behaviour’ or ‘behaviour that challenges’ * knowledge and skills in systematically investigating the general physical health of autistic children and young people, including sleep, diet and exercise, with a focus on physical health issues that co-occur with autism and/or learning disability * awareness of the limits of their own assessment capabilities (reflecting previous training and experience, as well as professional role) and so knowing when to seek supervision and collaboration with colleagues * awareness of when referral to another discipline for specialist assessment and intervention is indicated (for example, psychiatry, psychology, speech and language therapy, occupational therapy, neurology) * understanding of the challenges of providing clear and useful post-assessment feedback to children, young people and their families, including developing thinking on questions about how and when to share diagnoses with children and young people * confidence in planning and participating in feedback sessions after an assessment   Formulation  Successful trainees will be able to demonstrate competencies in:   * co-creating a formulation alongside a child/young person and their family, to develop a shared understanding of any presenting concerns and devise a shared plan for intervention * using different formal models of formulation (such as the ‘5Ps’ formulation model) to synthesise and structure information gained through assessment * ensuring that formulation is not overly focused on the diagnostic question of whether a child or young person is autistic and/or has a learning disability, but also focuses on the child or young person’s full range of challenges and presenting difficulties, including their mental health and range of neurodevelopmental differences * formulating difficulties in relation not only to the child or young person’s individual characteristics, but also their context, with due consideration given to how challenges arise from misfit between the person and their environment * ensuring the formulation considers intersectional factors when relevant, such as socio-economic status, ethnicity, culture, sex, gender and sexuality * creating formulations that incorporate the child or young person’s strengths, including their personal characteristics and the resources available in their environment * sharing and discussing the formulation with the child or young person and their family, and the ability to evidence this * using formulation to understand what interventions should be provided, both directly through evidence-based therapy with the child or young person and indirectly, by advocating for or creating change in the wider environment/system * using formulation to inform decisions about when to refer a child or young person on to other services, for example for further assessment and/or for an intervention that is outside the realm of the student’s own service |
| Module 3: Interventions to improve wellbeing and functioning  Overview  This module builds upon the learning of Modules 1 and 2 to teach skills and knowledge to inform interventions for autistic children and young people and/or children and young people with a learning disability. It also serves to develop capabilities in students that are relevant to interventions for children and young people with other neurodevelopmental conditions.  The module adopts the principles that intervention and support should be: based upon an initial assessment and formulation; neurodiversity-affirming; evidence-based wherever possible; and adapted and tailored to the needs of the individual child or young person and their family. Implicit in the module is a collaborative team approach to setting agreed goals and action plans based on the individualised assessment profile and the perspective of the child/young person and their family/carers. Specific commercially available intervention packages have not been recommended, recognising that students may not have access to the necessary training. However, related generic types of interventional approaches have been suggested and outlined. The module recommendations rely on the work of the NICE 2013 evidence review and recommendations (CG170). | | |
| Module | Module aims | Content/learning objectives |
| Module 3: | The module is designed to help students enhance their capacity to identify and contribute to appropriate interventions for neurodivergent children and young people by supporting development of:   * understanding of a neuroaffirmative approach to intervention, which includes due consideration of contextual factors, and which emphasises goals that are collaboratively agreed between neurodivergent children, young people, their families and professionals * the ability to identify, based on assessment and formulation, which interventions are appropriate for each child and young person; and to understand ways to support neurodivergent children and young people in accessing these * understanding of the student’s own role in delivering support and interventions, including a realistic sense of the limits of their competence in this respect, given their career stage * knowledge and skills in making adaptations to services and interventions to make them inclusive for neurodivergent children and young people | General learning outcomes  Through completing this module, trainees will have competency in the following areas:   * understanding and application of neuroaffirmative practice and adaptations to interventions * designing interventions that are based on good-quality assessment and formulation * understanding the individual child’s developmental profile and tailoring interventions to that specific profile * developing a sound understanding of the tasks that may be undertaken by the student, those that require further training for the student, and those that should be undertaken by other professionals or more specialist practitioners or services, including knowing when and how to refer on * understanding the evidence base for possible interventions, the limitations of the evidence base, and reasonable adaptations to existing evidence-based interventions * critical thinking around the umbrella term ‘behaviour’, different kinds of behaviour (for example, functional skills, distressed behaviour, regulation behaviour), when it is and is not appropriate to attempt to change behaviour, and the diversity of opinion around behavioural interventions * understanding the likelihood of co-occurring needs or diagnoses and taking into account all forms of neurodivergence (or other types of need) when planning and delivering interventions * understanding of intersectionality, how multiple forms of discrimination and inequality may interact, and the impact of this on accessing and benefiting from interventions   Specific skills and knowledge  Frameworks to plan individualised and accessible care  Successful trainees will be able to demonstrate competencies in:   * knowledge and application of frameworks such as the National Autistic Society’s SPELL framework and the Autistic SPACE framework * awareness and understanding of models of post-diagnostic support in relation to learning disabilities, autism and other forms of neurodivergence * skills in delivering post-diagnostic information to children, young people and their families * knowledge of high-quality sources of information for signposting (for example, the websites of the National Autistic Society, Spectrum Gaming’s Autism Understood, the Independent Provider of Special Education Advice, the Council for Disabled Children and Cerebra) * knowledge of functional skills interventions, for example sleep, eating, toilet use * understanding of when, in relation to functional skills, more specialist support is required, and how to refer on * knowledge and application of best-evidenced approaches to support understanding and communication, for example visual timetables, Now and Next Boards, social stories, traffic light communication tools * understanding of the importance of caregiver attunement and awareness of approaches that support communication and interaction between parents/carers and children * critical thinking around ‘social skills’ interventions, and knowledge of the evidence base and the diversity of opinion around interventions focused on changing or supporting social interaction and skills, linking to understanding of the effects of camouflaging/masking * understanding of local provision in the student’s area and how to refer on, for example to speech and language therapy   Neurodivergent children and young people’s wellbeing and mental health  Successful trainees will be able to demonstrate competencies in:   * understanding of how environments (physical, sensory, social and emotional environments in the home, school and community) impact upon wellbeing and mental health * knowledge and application of strategies to adjust environments (home, school, community) to support children and young people’s wellbeing and to consider, as a first line of intervention, environmental changes that are required to improve wellbeing * understanding of the different professionals and services that may be key to improving wellbeing, both at the local and national level * knowledge and understanding of manualised interventions that assist parents and carers in improving children and young people’s wellbeing, including the steps required to be a recognised, competent practitioner in these * skills in applying interventions for parents and carers which aim to improve children and young people’s wellbeing through group and individual work, including sleep work * knowledge of evidence-based practice for individual work with children and young people around mental health and wellbeing * skills for individual work with young people to improve wellbeing and mental health * for students who have been trained in delivery of psychological therapies (for example, Cognitive Behavioural Therapy and Dialectical Behaviour Therapy), development of their practice (with support) so that it is built on neuroaffirmative approaches tailored to each young person’s individual profile * knowledge and skills in individual approaches that can be taught and supervised at this level of study, particularly psychoeducation about mental health and emotional wellbeing, and low-level mental health interventions such as graded exposure and behavioural activation   Caregiver wellbeing  Successful trainees will be able to demonstrate competencies in:   * understanding of the importance of caregiver wellbeing in and of itself, but also in providing attuned care to the child/young person * knowledge of strategies that support caregiver wellbeing (social connection and support, self-care, mindfulness, acceptance and commitment therapy strategies), and of evidence-based interventions in this area * signposting to sources of support |

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| Supervision/clinical/coaching practice  Trainers and supervisors    All trainers and supervisors should have substantial knowledge and experience of working clinically with autistic children and young people and/or children and young people with learning disabilities, as well as of the topic being taught.    Supervision and clinical work    The quality of supervision is a key factor in ensuring high-quality learning. Supervision of Video Interaction Guidance (VIG) clinical work should, wherever possible, be carried out by a supervisor registered with the Association for Video Interaction Guidance UK. Supervision of behavioural work should be carried out by a practitioner who has achieved or who is working towards accreditation in an evidence-based model of psychosocial treatment. |

# Assessment

#### Assessment strategy

The trainee’s competency will be assessed throughout supervision, and key skills will be evaluated with the aid of live and video-recorded observations of their skills, checks on the use of tools and instruments and their interpretation, and their case formulations and management plans. Assessment of competence will be the responsibility of the HEIs. The methods by which competencies will be tested must be specified, but the curriculum leaves open the method(s) by which HEIs achieve this, although clear recommendations are made in this document. It is essential that the assessment of competence minimally includes the following:

* assessment of video-recorded therapy sessions; senior professional fidelity rating by reviewing video of practice case management and feedback; evaluation of intervention dissemination via consultation with parental/carer focus groups
* reports of individual treatments that demonstrate the capacity to make theory–practice links and to integrate outcomes information into their practice; monitoring and measuring of outcomes using evaluation, for example, family life questionnaire, young person’s outcomes, service user feedback, local parental/carer focus groups
* achieving the criteria for evaluating competency and monitoring session-by-session progress; achieving reports on feedback from supervisors and young people and/or parents/carers on their experience of the therapy offered
* a summary report of the trainee’s clinical outcomes over the training period

There will be a minimum of two 2,500-word written assignments, one of which should be an assessment and the other an intervention case study. A supervisor’s report will be necessary to confirm at least 80 hours of supervised practice and the attainment of competence. Minimum attendance should be at least 80%. A clinical log/portfolio of activities will be used to back up the supervisor’s report. The log will be accompanied by a reflective journal that gives further evidence of the competencies included in this curriculum.

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