

# Module Aims and Content of Education Mental Health Practitioner for Children and Young People Curriculum (EMHP)

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# Module Aims and Content of Education Mental Health Practitioner for Children and Young People Curriculum (EMHP)

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## **Acknowledgements and Thanks**

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## **Background**

This EHMP role is in direct response to the government's green paper (Department of Health and Social Care (DHSC) and Department for Education (DfE), 2017) on improving the access to, and quality of, mental health support for children and young people, with a particular focus on access within education settings. As the green paper, and the government response (DHSC and DfE, 2018) to it outlines, the aim is to develop Mental Health Support Teams (MHSTs) that deliver mental health provision to local education settings, with each participating school and college having a designated mental health lead. In doing so it aimed to improve the links between NHS mental health services and schools/ colleges and better meet the mental health needs of CYP in these settings. EMHPs are based in these MHSTs, made up of senior clinicians and specialist CAMHS practitioners that work across local mental health support systems to ensure that the needs of both the CYP and the education settings are met. EMHPs form a core part of these teams, alongside other MH practitioners and specialist supervisors, employed by local participating mental health services.

These NHSE WT&E commissioned EMHPs undertake a Postgraduate/Graduate Diploma at participating Higher Education Institutions (HEIs). They are trained to deliver low intensity interventions both face to face and remotely (see modules 1, 2, 3, 5 and 6) with children, young people and their parents/carers for common mental health problems (depression, anxiety, low mood including symptoms such as irritability and sleep difficulty, and behavioural difficulties). They are also taught the necessary knowledge and skills to work effectively in education settings and to support whole school approaches to mental health (see modules 4, 5 and 6). They will need to evidence their knowledge, skills and attributes through the specified assessments and clinical practice requirements.

## **Module 1: Children and Young People's Mental Health Settings: Context and Values (20 Credits)**

EMHPs will operate at all times from an inclusive values base which promotes recovery, and recognises and respects diversity. Diversity represents the range of cultural norms including personal, family, social and spiritual values held by the diverse communities served by the service within which the Practitioner is operating. Practitioners must respect and value individual differences in age, sexuality, disability, gender, spirituality, race and culture. They must be able to respond to children and young people's needs sensitively about all aspects of diversity. The EMHPs will learn to demonstrate a commitment to equal opportunities for all and encourage children and young people's active participation in every aspect of care and treatment. They will also demonstrate an understanding and awareness of the power issues in professional/student relationships and take steps in their clinical practice to reduce any potential for negative impact this may have. This module will, therefore, expose them to the concept of diversity, inclusion and multi-culturalism and equip them with the necessary knowledge, attitudes and competencies to operate in an inclusive, values driven service. They will also learn to manage caseloads, operate safely and to high standards and use supervision to aid their clinical decision-making. They will need to recognise the limitations to their competence and role and effectively communicate and direct children, young people and families to resources appropriate to their needs, including step-up to high-intensity therapy, when beyond competence and role.

This module you will develop the EMHPs knowledge in the core principles of CYP IAPT and in becoming skilled in enhancing their work with children, young people and their families/parents. This module underpins modules 2 and 3, and will provide the EMHPs with the necessary knowledge, attitude and competence to operate effectively in an inclusive, values driven service and in the wider services context.

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Module	Module Aims	Content / Learning Objectives
<p><b>Module 1: Children and Young People’s Mental Health Settings: Context and Values</b></p> <p><b>See Appendix A for a full breakdown of learning objectives</b></p>	<p>1. To equip the practitioner with the necessary knowledge, attitude and competence to operate effectively in an inclusive, values driven service.</p>	<p><b>Key Learning Outcomes:</b></p> <ul style="list-style-type: none"> <li>• Engage and involve children, young people from diverse backgrounds and their parents/carers in a way that maximises their collaboration and engagement in mental health services and related settings and contexts.</li> <li>• Understand and effectively convey the core principles of CYP-IAPT and the active outcomes frames and use of routine outcome measures.</li> <li>• Support access to child and adolescent mental health services and support to the whole population and minimise disadvantage and discrimination.</li> <li>• Be able to explain the key principles of core, evidence-based therapies.</li> <li>• Effective use self-reflection and supervision to enhance their clinical work and self-awareness.</li> </ul> <p><b>Content:</b></p> <ul style="list-style-type: none"> <li>• CYP services context and principles – local and national.</li> <li>• Service role of the EMHP and overview of other relevant mental health roles.</li> <li>• Multi agency working and navigation (including context of service delivery).</li> <li>• Professional conduct: maintaining a professional stance including professional communication with senior staff and peers as well as service users, expectations of professional behaviour, confidentiality, values and attitudes.</li> <li>• Legal/professional considerations, (incl. legal framework, ethics, capacity/consent).</li> <li>• Issues of safeguarding and its legal framework.</li> <li>• Overview of CYP MH therapies and evidence base.</li> <li>• Diversity and Culture, social inclusion, protected characteristics, social</li> </ul>

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		<p>determinants, the influence of poverty for example and how this can impact engagement.</p> <ul style="list-style-type: none"><li>• Caseload and clinical management, use of supervision, liaison and clinical decision-making</li><li>• Child, youth and family development and transitions.</li><li>• Working with families and systems.</li><li>• Service user involvement.</li><li>• CYP mental health policy.</li><li>• Collaborative practice/working and participation.</li><li>• Outcomes-informed practice.</li></ul>
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## **Module 2: Assessment and Engagement (20 credits)**

EMHPs will assess children, young people and families with a range of mental health problems. This assessment must reflect the child and their family's perspective and must be conducted with the child's and family's needs paramount. The assessment should reflect a shared understanding of the child or young person's current difficulties and inform how decisions are made with the family about the best next steps for the child and the family. Possible next steps include giving advice and psycho-education, referral to another agency, care within the multidisciplinary CAMHS team (e.g. for medication or formal psychological therapy) or a low intensity intervention (e.g. guided self-help, brief behavioural activation) delivered by the practitioner themselves.

An EMHP practitioner must be able to undertake a child-centred interview which identifies the child's/ young person's current difficulties, their goals and those of their family/parents, their strengths and resources and any risk to self or others. They need to understand the child in the context of their family, culture, wider social environment, developmental stage and temperament. They need to engage the child or young person and their carer(s) and other family members and to establish therapeutic alliances. They will need to gather appropriate information from different sources, be able to make sense of this and, with the family, develop a shared understanding. They also need to understand how the child's difficulties fit within a diagnostic framework, identify other physical, developmental or psychological difficulties (e.g. epilepsy, autistic spectrum disorders, attachment history) and know what evidence-based interventions are likely to be appropriate.

The module will therefore equip the EMHP with a good understanding of the incidence, prevalence and presentation of common mental health problems experienced by children and young people and evidenced-based treatment choices. Skills teaching will develop core competences in active listening, engagement, alliance building, patient-centered information gathering, information giving and shared decision-making. The module will develop the EMHPs competency in assess and identify areas of difficulty (including risk) and establish main areas for change, establish and maintain a working therapeutic alliance and engaging the child/young person/family to support them in self-management of recovery, identify and differentiate between common mental health problems in CYP, navigate and signpost to appropriate interventions and use routine outcome measures and standardised assessment tools effectively as part of the assessment and engagement process.



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Module	Module Aims	Content / Learning Objectives
<p><b>Module 2: Assessment and Engagement</b></p> <p><b>See Appendix B for full breakdown of learning Objectives</b></p>	<ol style="list-style-type: none"> <li>1. To be able to assess and identify areas of difficulty (including risk) and establish main areas for change.</li> <li>2. Establish and maintain a working therapeutic alliance and engage the child/young person/family to support them in self-management of recovery.</li> <li>3. Identify and differentiate between common mental health problems in CYP.</li> <li>4. Navigate and signpost to appropriate interventions.</li> <li>5. Use Routine Outcome Measures and standardized assessment tools effectively.</li> <li>6. To be able to deliver aims 1-5 working remotely via a telephonic or digital platform.</li> </ol>	<p><b>Key Learning Outcomes:</b></p> <ol style="list-style-type: none"> <li>1) Safely and effectively conduct MH assessments including risk assessments under supervision, face to face or remotely in line with service policy.</li> <li>2) Demonstrate knowledge, understanding and critical awareness of concepts of mental health and mental illness, diagnostic category systems in mental health and a range of social, medical and psychological explanatory models, including issues related to social determinants and protected characteristics,</li> <li>3) Demonstrate knowledge of, and competence in applying the principles, purposes and different types of assessment undertaken with CYP with common mental health disorders, including awareness of relevant EDI positive practice guidance.</li> <li>4) Demonstrate knowledge of, and competence in therapeutic introductions (including use of common preferred pronouns) and using ‘common factors’ to engage CYP, gather information, build a therapeutic alliance with people with common mental health problems, manage the emotional content of sessions and grasp the client’s perspective or “world view”.</li> <li>5) Demonstrate knowledge of, and competence in ‘CYP-centered’ information gathering to arrive at a succinct and collaborative definition of the CYP’s main mental health difficulties and the impact this has on their daily living.</li> <li>6) Demonstrate knowledge of, and competence in recognising patterns of symptoms consistent with diagnostic categories of mental disorder from a CYP-centered interview.</li> <li>7) Demonstrate knowledge of, and competence in and protective factors for risks associated for mental disorder and risks to the absence of positive health or wellbeing (including issues related to diversity e.g. minority stressors model,</li> </ol>

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		<p>inclusive adaptations to genograms, consideration of faith etc.). Understanding of the cumulative nature of risk, the age specificity of risk and ability to advise on risk mitigation and reduction, including access to relevant support groups and e learning materials (e.g. MindEd) related to sexual oritation, ethnicity.</p>
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		<p>7) Demonstrate knowledge of, and competence in the use of standardised assessment tools including symptom and other psychometric instruments to aid problem recognition and definition and subsequent decision-making.</p> <p>8) Demonstrate knowledge, understanding and competence in using behaviour change models in identifying intervention goals and choice of appropriate interventions.</p> <p>9) Demonstrate knowledge of, and competence in giving evidence-based information about treatment choices and in making shared decisions with CYP.</p> <p>10) Demonstrate competence in understanding the CYP's attitude to a range of mental health treatments including prescribed medication and evidence-based psychological treatments.</p> <p style="padding-left: 40px;">Content</p> <ul style="list-style-type: none"> <li>• Therapeutic relationship skills, ability to engage and communicate across the age range. Developmental stages and background, working with difference.</li> <li>• Cultural diversity awareness - cultural competence</li> <li>• Engagement of CYP and families.</li> <li>• Using creativity to engage children and young people</li> <li>• Interviewing and questioning skills</li> <li>• Risk assessment, safeguarding and management</li> <li>• Common mental health problems in CYP</li> <li>• How to use measures, goal setting and goal-based outcomes</li> <li>• Knowledge of support interventions and giving evidence-based information (psychoeducation)</li> <li>• Pharmacology - assessment and awareness of medication that may be prescribed for CYP for common mental health problems.</li> <li>• How to make best use of platforms of digital platforms for assessment and clinical engagement for remote working.</li> </ul>
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## **Module 3: Evidence based interventions for common mental health problems with children and young people (Theory and Skills) (20 credits)**

EMHPs aid clinical improvement through the provision of information and support for evidence-based low-intensity psychological treatments. Psychological treatments place a greater emphasis on self-management and are designed to be less burdensome to CYP undertaking them than traditional psychological treatments. The overall delivery of these interventions is informed by behaviour change models and strategies. Examples of interventions include providing support for a range of low-intensity self-help interventions (often with the use of written self-help materials) informed by cognitive-behavioural and social learning principles, such as behavioural activation, exposure, cognitive change methods (such as identifying and working with automatic anxious negative thoughts and suggesting behaviour experiments), problem solving, CBT-informed sleep management, parent training and computerised cognitive behavioural therapy (cCBT) packages as well as supporting physical exercise. Support is specifically designed to enable children and young people and parents/carers to optimise their/their child's use of self-management recovery information and may be delivered individually to children and young people or to their parents / carers through face-to-face work, telephone, email or other contact methods. EMHPs must also be able to manage any change in risk status.

This module will equip EMHPs with a good understanding of the process of therapeutic support and the management of individual children and young people and parents / carers experiencing anxiety, low mood (which may include symptoms not typically thought of, such as irritability or sleep difficulty) or behavioural difficulties face to face or remotely. Skills teaching will develop general and disorder-defined 'specific factor' competencies in the delivery of low intensity treatments informed by cognitive-behavioural and social learning principles.

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Module	Module Aims	Content / Learning Objectives
<p><b>Module 3: Evidence based interventions for common mental health problems with children and young people (Theory and Skills)</b></p> <p><b>Please see Appendix C for a full breakdown of EMHP Intervention competencies</b></p>	<p>1. To acquire knowledge and skills in effective brief (low intensity) interventions for children, young people and family systems experiencing depression, anxiety, low mood and behavioural difficulties (including symptoms such as irritability or sleep difficulty), based on the most up to date evidence.</p> <p>2. To acquire knowledge of a range of interventions (including written and remotely delivered interventions) and services available to CYP and families across CYP agencies.</p>	<p>Learning Objectives:</p> <p>1) Critically evaluate a range of evidence-based interventions and strategies to assist CYP from a diverse range of backgrounds and their parents manage their / their child's emotional distress and disturbance.</p> <p>2) Demonstrate knowledge of, and competence in developing and maintaining a therapeutic alliance with CYP from a diverse range of backgrounds and their parents / carers during their treatment programme, including dealing with issues and events that threaten the alliance.</p> <p>3) Demonstrate competence in planning a collaborative low-intensity psychological treatment programme for common mental health problems, including managing the ending of contact.</p> <p>4) Demonstrate in-depth understanding of, and competence in the use of, a range of low-intensity, evidence-based psychological interventions for common mental health problems with CYP and their parents / carers.</p> <p>5) Demonstrate knowledge and understanding of, and competence in using behaviour change models and strategies in the delivery of low intensity interventions.</p> <p>6) Critically evaluate the role of case management and stepped care approaches to managing common mental health problems including ongoing risk management appropriate to protocols.</p>

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7) Demonstrate competency in delivering low-intensity interventions using a range of methods including face-to-face, telephone and electronic communication in education (including home education) settings.

### Content:

- Behaviour change: Theories and models.
- Critical evaluation of the evidence base.
- Functional analysis and formulation of presenting difficulties.
- Goal setting and monitoring.
- Collaborative working.
- Guided self-help – content and suitability. Signposting: when and how.
- Problem solving.
- Pharmacology – monitor impact / awareness of medication that may be prescribed for CYP for common mental health problems.
- Health promotion.
- Behavioural activation –theoretical principles and application in practice.
- Exposure – theoretical principles and application in practice.
- Working with parents / carers: to include 1:1 supported self-help with parents / carers in the context of behavioural difficulties / parent led CBT for anxiety.
- To be able to assist with Parenting training for conduct problems – social learning theory and application in practice.
- Therapeutic endings.
- Delivery of interventions for anxiety, depression, behavioural difficulties and low-level regulatory issues via a range of communication methods.
- Content in relation to remote working:
  - Benefits of remote working.
  - Effectiveness of remote working including adapting communication.
  - Good practice and developmental adaptations.
  - Suitability at both individual and service level.
  - Experience and expectations of remote working (users, therapists).
  - TA and common factors and remote working.
  - Safe practice and professional conduct (information governance, consent, boundaries, working space, familiarity with relevant platform).

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|  |  | <ul style="list-style-type: none"><li>• Involving parents / carers.</li><li>• Managing attendance.</li><li>• Preparation and starting sessions.</li><li>• Use of supporting resources.</li><li>• Using ROMS remotely.</li><li>• Modification of CBT techniques.</li><li>• Engagement and assessment and creative techniques.</li><li>• Remote risk assessment and management.</li><li>• Adapting interventions.</li></ul> |
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## **Module 4: Working, assessing and engaging in education settings (20 Credits)**

EMHPs provide support and evidence-based interventions in schools and colleges. This is delivered within contexts made up of cultural attitudes, beliefs about mental health and what works, and a wider range of support systems and practices. The support and intervention offered is therefore part of a wider whole school and systems approach to promoting mental health and responding to identified needs. Successful contribution to this requires the EMHP to be fully cognisant of the educational system and mental health practice within schools and colleges, and the support available to them. This module consists of two main areas: the educational context and how it operates; and assessment and engagement of children, young people, and their families specific to supporting mental health within the educational setting. They have been designed as counterparts to modules 1 and 2. First, EMHPs will understand the education setting and the context in which they will be working, including legislative and policy frameworks, how schools / colleges are organised, and the challenges of working with mental health issues in an educational setting. EMHP will then learn assessment and engagement skills particular to educational settings. This includes engagement skills with Children and Young People, families and education staff, assessment, diagnosis and signposting skills and neurological development. It will also involve active exploration of the whole school approaches being used within local areas, and support to incorporate and develop these as part of the role and wider mental health support system.

EMHPs must learn to function effectively within the context of the whole school or college's approach to mental health, alongside the systems, policies and processes already in place within the education setting in relation to Equality Diversity and Inclusion. EMHPs should understand that their roles fit within a large and multi-professional network both within the educational setting, within the wider education system and context, and also within wider multi-professional teams within the healthcare context. They must therefore learn to perform their work as part of a wider mental health support system, including in relation to their knowledge and understanding of equality, diversity and inclusion, for example using Equality, Diversity and Inclusion or mental health policies within the schools, pupil feedback processes, and data regarding protected characteristics or social determinants of health.



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Module	Module Aims	Content / Learning Objectives
<p>Module 4: Working, assessing and engaging in education settings</p>	<ol style="list-style-type: none"> <li>1. To equip the EMHP with the necessary knowledge, attitude and competence to operate effectively in an inclusive value driven education context, and as part of a wider mental health support system.</li> <li>2. To possess the relevant knowledge and ability to assess and engage mental health difficulties in the context of education environments in collaboration with CYP, their families and education staff.</li> <li>3. To be able to recognize and work with existing expertise in education settings.</li> <li>4. To understand how to support the development and use of whole school approaches that enable good mental health, assist in the early identification of need, and encourage the development of mentally healthy school environments and provision.</li> <li>5. To be able to assess and</li> </ol>	<p><u>Learning Objectives</u></p> <ul style="list-style-type: none"> <li>• Understand the Education context in terms of typical organizational structures, professional practice and boundaries specific to education settings; and the individual nature of schools and colleges and how the role of EMHPs can adapt to these variations in populations.</li> <li>• Become familiar with how EMHPs are part of a wider mental health support system, and the necessity for multiagency working.</li> <li>• Be able to relate key roles in education settings (including Senior Mental Health Leads and SEND Coordinators) to the work of MHSTs in schools/colleges.</li> <li>• Understand professional practice and boundaries in education settings</li> <li>• Be able to demonstrate knowledge of relevant initiatives and policies to mental health within schools, including policies related to diversity and inclusion</li> <li>• Understand the areas typically included as part of a whole school framework for mental health; and how these support effective practice within a value driven context</li> <li>• Be able to explain how whole school approaches and frameworks for mental health support the work of MHSTs, within the context of an interconnected mental health support system</li> <li>• Be able to use whole school approaches and frameworks to inform the support and intervention offered to a setting</li> </ul> <p><u>Content</u></p> <ul style="list-style-type: none"> <li>• The organization of schools and colleges including introduction</li> </ul>

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	<p>identify areas of difficulty (including risk) and establish main areas for change.</p> <ol style="list-style-type: none"> <li>6. To establish and maintain a working therapeutic alliance and engage the child/young person/family and education staff to support them in self-management of recovery</li> <li>7. To identify and differentiate between common mental health problems in CYP</li> <li>8. To possess knowledge and awareness of learning problems in CYP: including dyslexia, dyspraxia and dyscalculia and their impact on mental health.</li> <li>9. To evidence an awareness of SEND and role of SENCO in education settings</li> <li>10. To be able to navigate and signpost to appropriate interventions</li> <li>11. To use Routine Outcome measures and standardised assessment tools effectively in education settings</li> <li>12. To be able to interface with the educational system in the context of</li> </ol>	<p>to roles and responsibilities of key individuals and relevant policies, procedures and ethos associated with school.</p> <ul style="list-style-type: none"> <li>• Schools and colleges mission, aims and values and how these are maintained.</li> <li>• Wider context in which schools/colleges operate (SATS, GCSEs on so forth).</li> <li>• Specific issues working with CYP, families and staff within education settings.</li> <li>• Understanding specific periods of stress in CYP's educational journey including transitions between schools and tests and exams.</li> <li>• Audit of mental health provisions and assessment of mental health need in education settings, as part of a whole school approach to promoting and responding to mental health need.</li> <li>• Techniques for engaging of harder to reach students in education settings.</li> <li>• Understanding of whole school/college approaches.</li> <li>• Risk assessment, safeguarding and management of risk specific to education settings.</li> <li>• Speech and language development and problems.</li> <li>• Neurological development - Knowledge and awareness of how children and young people learn and learning problems: Knowledge and awareness of learning assessment for dyslexia, dyscalculia, dyspraxia.</li> <li>• Knowledge and awareness of learning disabilities and also Autistic Spectrum Disorder (ASD), and their impact in educational settings.</li> <li>• How to use measures, goal setting and goal-based outcomes in education settings.</li> <li>• Be able to apply the knowledge and competence in relation to the education system in the context of home schooling.</li> </ul>
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	homeschooling.	
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## **Module 5: Common Problems and Processes in education settings (20 credits)**

EMHPs provide support and interventions in schools and colleges that acknowledge the broad range of difficulties experienced by a diverse range of children and young people and which have adverse effects on their well-being. These will include common adverse experiences, traumatic events and common problems occurring in education settings. EMHPs will work within a model of the child and young person that recognizes both the effects of adversity on children and the limits of their autonomy. They will promote the well-being of children and young people by supporting their cognitive, emotional, social and physical development in the context of their family, school and other systems.

The EMHP will draw on theory and research evidence about development and child and adolescent mental health to understand and to help children and young people from a range of diverse backgrounds to develop and increase support from their community of teachers, peers and family members. They will use psychological theories and models and psychoeducation to help children and young people understand and tolerate negative emotions (e.g. worry, sadness, anger, frustration). To help children and young people adapt to their unwanted or distressing behaviours and emotions, EMHPs will draw on psychological theories and research about principles of behavior change.

The EMHP will be able to understand common problems and experiences (including common areas of adversity and disadvantage) and support education staff through training, implementing peer mentoring approaches and supporting classroom management in education settings. Underpinning the EMHPs ability to understand and support these common problems and experiences are key common processes that underpin therapeutic and organizational work.

EMHPs will need an understanding of the complexity of children's, young peoples and families' health, educational, social needs and the services available to support young people's mental health. It is important for Practitioners' to be aware of the limitations of their professional role, to recognise when and where it is appropriate to seek further advice or signpost clients to other services or specialist CAMHS. Furthermore, they will need to demonstrate an understanding of what constitutes high-intensity Specialist CAMHS psychological treatment and how this differs from 'low-intensity' Universal work within education settings and have access to knowledge of a wide range of social and health resources available through statutory and community agencies.

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Module	Module Aims	Content / Learning Objectives
<p>Module 5: Common Problems and Processes in education settings</p>	<ol style="list-style-type: none"> <li>1. To understand common areas of adversity and disadvantage and the cumulative impact of these and associated risk factors. To include children and young people with Special Educational Needs (SEND) and Vulnerable groups including Looked After Children (LAC).</li> <li>2. To acquire knowledge and skills in supporting school / college staff, parents / carers and children and young people to identify common problems experienced by children and young people in schools and colleges and which have adverse effects of well-being. These include (but are not limited to) bullying, challenges in peer relationships, examination stress, bereavement and loss, family conflict and breakdown, relocation, trauma and abuse.</li> <li>3. To develop skills in identifying children and young people who are at risk of or are experiencing these common problems.</li> <li>4. To develop skills and knowledge to help schools/ colleges, parents / carers and children and young people anticipate and manage common problems and support</li> </ol>	<p><b>Common problems to include:</b></p> <ol style="list-style-type: none"> <li>1. Common adverse experiences.</li> <li>2. Traumatic events.</li> <li>3. Those occurring in educational settings (e.g. bullying, exam stress, use and impact of social media).</li> </ol> <p><b>Learning Objectives:</b></p> <ul style="list-style-type: none"> <li>• To understand child and adolescent development and the impact of adverse life events on psychological well-being and mental health.</li> <li>• To understand concepts of racism, oppressive systems, marginalisation, discrimination and intersectionality.</li> <li>• To understand self-awareness and anti-discriminatory practice as an EMHP.</li> <li>• To critically evaluate the impact of risk and protective factors on the well-being and mental health of children and young people.</li> <li>• To identify indicators of distress or impaired well-being in children and young people and demonstrate awareness of the distinction between transient distress and symptoms of mental ill-health.</li> <li>• <b>Psychoeducation:</b> To be able to provide evidence-based information and psycho education to children and young people, parents / carers and education staff, including those from minoritised / discriminated against groups.</li> <li>• <b>Peer Mentoring:</b> To understand how peer support and interpersonal relationships are related to well-being and mental health in children and young people. To critically evaluate the evidence for the effectiveness of structured peer</li> </ul>

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		<p>support as an intervention to promote well-being and improve mental health. Train and support students and staff to provide/ implement structured peer support in schools and colleges for</p>
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	<p>those who are experiencing them. Interventions to support and manage common problems in schools / colleges include peer support, CBT informed anxiety / exam stress management, transitions.</p> <p>5. To understand and develop competency in common process that underpin therapeutic and organizational processes in education settings.</p>	<p>children, young people and teachers who are experiencing common problems.</p> <ul style="list-style-type: none"> <li>• <b>Training others</b> – to support and provide structured workshops and training, based on principles of cognitive behaviour therapy, to help children, young people, parents/ carers and teachers to manage anxiety and stress.</li> <li>• <b>Classroom skills</b> including contingency management.</li> </ul> <p><b>Common processes learning objectives (see Appendix A for Expanded Learning Objectives):</b></p> <ul style="list-style-type: none"> <li>• To be able to use Supervision effectively and evidence reflective practice in education settings: to reflect on own learning and clinical skills, prepare for and use supervision to enhance own learning and clinical outcomes for the child, young person and family.</li> <li>• To understand and promote of whole school / college approaches including:             <ul style="list-style-type: none"> <li>• To understand frameworks, context and rationale for emotional health promotion in schools.</li> <li>• Supporting decision making regarding the appropriateness of different programmes.</li> <li>• Ability to advise on the effective delivery of health promotion programmes.</li> <li>• Ability to monitor the effectiveness of promotion programmes.</li> </ul> </li> <li>• To be able to work effectively with school / college staff.</li> <li>• To be able to use a person-centered collaborative approach with school staff.</li> </ul>
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## Module Aims and Content of Education Mental Health Practitioner for Children and Young People Curriculum (EMHP)

		<ul style="list-style-type: none"><li>• To be able to use a values-based practice approach to understand differences in values/priorities when working with schools.</li><li>• To understand barriers and facilitators to change within school staff and within the context of general and specific school/ college cultures.</li><li>• To understand the knowledge and reasoning base of school / college staff.</li><li>• Support the implementation of peer mentoring.</li> <li>• To be able to use outcomes informed practice in education settings:<ul style="list-style-type: none"><li>• Ability to use and explain the use of a range of routine outcome measures with children, young people and parents in education settings in relation to problem / symptoms, impact and goals.</li><li>• Knowledge of the purpose and application of measures in education settings.</li><li>• Ability to administer measures in education settings.</li><li>• An ability to select appropriate outcome measures for education settings.</li><li>• Ability to use diaries in education settings.</li><li>• Ability to use session by session rating scales in education settings.</li></ul></li> <li>• To be able to audit and assess mental health need in education settings.</li><li>• To develop the ability to provide and support multi agency co-ordination and working including signposting and stepping up / down.</li></ul>
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## **Module 6: Interventions for emerging mental health difficulties in education settings (20 credits)**

EHMPs will need to develop and awareness of emerging mental health difficulties in education settings including home schooling and be able to intervene with parents / carer and school staff in these settings. Two key interventions will be taught in this module:

This module will equip EMHPs with a good understanding of the process of consultation and group work in schools and colleges in face to face and virtual settings. They will acquire a framework of key skills and knowledge through classroom teaching, experiential learning, role play, observation, and supervised practice.

EHMPs will be taught intervention skills in the delivery of training and psychological support to groups both face to face and digitally (of Children and young people, parents and/or teachers). Key principles of working with groups (classes) will be addressed so that the EMHP is able to prepare appropriate materials, manage group processes, deliver training and/or support confidently, work in partnership with other professionals, and critically evaluation their own performance. EHMPs will need to evidence competency in one of these two intervention areas i.e. group work with children or young people OR/ group work with parents.

EMHPs will be expected to understand how to advise and support teachers and other school and college staff about the psychological effects of common problems in children and adolescents.

## Module Aims and Content of Education Mental Health Practitioner for Children and Young People Curriculum (EMHP)

Module	Module Aims	Content / Learning Objectives
<p>Module 6: Interventions for emerging mental health difficulties in education settings</p>	<ul style="list-style-type: none"> <li>• To develop competence in addressing early indicators of emerging mental health problems in an educational setting.</li> <li>• To acquire skills of value in a school and college context working with large numbers of at-risk children and young people.</li> <li>• To learn to harness self-help and peer-support potential of CYP in educational settings.</li> <li>• To train others in basic mental health intervention skills.</li> <li>• To develop skills in coordinating with healthcare and other service providers.</li> </ul>	<p><b>Early Intervention Approaches in education settings:</b></p> <p><b>The EMHP must develop an understanding of all of these intervention approaches, they will need to develop competency in group work with children or young people <u>OR</u> psychoeducation groups for parents. It will be important to make sure that these different areas of intervention competency are fully represented across individual Mental Health Support Teams (MHSTs) and the wider CYP mental health system:</b></p> <ul style="list-style-type: none"> <li>• <b>Consultation to education</b> staff: understand the skills in offering consultation to school / college staff in relation to common problems that children and young people experience. Providing evidence-based information on mental health issues.</li> </ul> <p>Then either:</p> <ul style="list-style-type: none"> <li>• <b>Group work</b> – Specialist skills required for working with children and young people in groups, either in person or remotely.</li> </ul> <p><b>Or</b></p> <ul style="list-style-type: none"> <li>• <b>Parenting Groups:</b> To be able to work with Parenting Groups in education settings and work alongside other education staff and parents e.g. transition parenting groups, parenting groups that are universally available for working with behavioural difficulties.</li> </ul>

# Module Aims and Content of Education Mental Health Practitioner for Children and Young People Curriculum (EMHP)

## Taught days

The diploma will be delivered of 64 taught days in addition to service-based learning (including service supervision and observation / shadowing) and private study. Modules 1-3 will account for 30-35 taught days. The remainder will be spread across modules 4, 5 and 6. Consideration should be given to include lived experience in training delivery, particularly examples demonstrating the racialised experience, but in a way that is not spotlighting or exploitative, but appropriately supported. E.g. through input from grass roots and local community organisations.

Module 1: To include approximately 9 days teaching

Module 2: To include approximately 9 days teaching

Module 3: To include approximately 17 days teaching

Module 4: To include approximately 7 days teaching

Module 5: To include approximately 11 days teaching

Module 6: To include approximately 11 days teaching

## Clinical and Supervision Requirements for Modules

Across Modules 1-3, it is suggested that trainees aim for 80 hours of clinical practice, seeing a minimum of 8 cases and receive a minimum of 40 hours of supervision (ideally to include 20 case management and 20 clinical skills). A range of completed cases should be evidenced, including working with anxiety, low mood and behavioural difficulties. At least one case of working with parents should be included. Completed cases will be for 5 sessions, unless closed prior to this because goals have been met.

Across Modules 4-6 trainees will need to evidence whole school working in education settings. This will include evidence of:

- Providing staff training or running a psycho-education workshop
- Conducting group work (with children and young people or parents)

## **Module Aims and Content of Education Mental Health Practitioner for Children and Young People Curriculum (EMHP)**

The portfolio should include details of number of contacts and 'intervention' sessions for each, including evidence of engaging education staff in the design, delivery and evaluation where appropriate.

Consideration should be given to enable trainees to gain experience beyond traditional health settings and across community settings that are relevant, such as voluntary care sector organisations, by enabling shadowing opportunities where possible so trainees can widen their understanding of the system in which they work within.

## Assessments

Note these assessments are for guidance only – each HEI may specify individual requirements; however, at least one video assessment for Modules 2 and 3 is compulsory. HEIs must ensure that assessments require consideration and , where appropriate, a demonstration of knowledge and competence in relation to equality, diversity and inclusion.

A service-based portfolio should cover clinical work in modules 1-3 and 4-6. The portfolio should include details of number of contacts and ‘intervention’ sessions for each, including evidence of engaging education staff in the design, delivery and evaluation where appropriate. The list below represents options for assessment that courses may wish to use, using all of them is considered excessive in terms of assessment burden. However, supervisor’s evaluation and sign off is considered a critical part of the evaluation process.

<p><b>Module 1: Children and Young People’s Mental Health Settings: Context and Values</b></p>	<p>Multi choice / short answer examination Presentation of service-related problem based learning task in groups with a project reflective analysis. (Where appropriate, HEIs should endeavor to encourage a clear focus on the engagement of under-represented groups and / or mental health associations with social determinants).</p>
<p><b>Module 2: Assessment and Engagement</b></p>	<p>Video assessment of client demonstrating engagement, assessment, information giving and shared decision making. A 1000-word reflective analysis. 2000-word case report (including demonstration of knowledge and skills in relation to EDI)</p>
<p><b>Module 3: Evidence based interventions for common mental health problems with children and young people (Theory and Skills)</b></p>	<p>Up to two video recordings demonstrating skills in planning and implementing a low-intensity treatment: one of behavioural activation for depression and one of either a parenting intervention or a behavioural treatment for anxiety. A 1000-word reflective video analysis. 2000-word case report (including demonstration of knowledge and skills in relation to EDI)</p>

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<b>Module 4: Working, assessing, and engaging in education settings</b>	Report and/or presentation with written account of audit of mental health provision in an education setting (2000 words). Presentation / written account.
<b>Module 5: Common Problems and Processes in education settings</b>	2,000-word clinical report and /or presentation with written account of interventions providing staff training or psychoeducation, (including demonstration of knowledge and skills in relation to EDI)
<b>Module 6: Interventions for emerging mental health difficulties in education settings</b>	2,000-word clinical report and / or presentation with written account of group work, (including demonstration of knowledge and skills in relation to EDI)

## Appendices

### Appendix A: Children & Young People’s Mental Health Settings: Context and Values: Module 1 Full Learning Objectives

Curriculum Outline Content	Learning Objectives	Matched Roth & Pilling Competencies
CYP services context, principles and policy – local & national.	A EMHP will need to have a good understanding of their working context and how their role sits within both their local and national system.	
Service role of the CYP PWP & overview of roles.	<p>A demonstrable knowledge of the principles and rationale of EMHP approaches with an ability to establish and manage the therapeutic boundaries and manage caseload with appropriate managerial supervision to operate safely in accordance with professional role.</p> <p>Demonstrate an ability to maintain the professional/client relationship when it is under threat and to deal with the emotional content of sessions.</p>	Knowledge of models of intervention, and their employment in practice.
Multi agency working & navigation (Including context of service delivery)	Workers will need an understanding of the complexity of children’s, young peoples and families’ health, educational, social needs and the services available to support young people’s mental health. It is important for workers’ to be aware of the limitations of their	Ability to work within and across agencies

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	<p>professional role, to recognise when and where it is appropriate to seek further advice or signpost clients to other services or specialist CAMHS.</p> <p>They will need to demonstrate and understanding of what constitutes high-intensity Specialist CAMHS psychological treatment and how this differs from 'low-intensity' Universal CAMHS work and hold and have access to Knowledge of a wide range of social and health resources available through statutory and community agencies</p>	
Overview of CYP MH therapies & evidence base	Understand how evidence informs clinical practice in Child and Adolescent Mental Health services	Knowledge and understanding of mental health problems in children/young people and adults
Diversity and Culture, social inclusion	<p>The EMHP will demonstrate a commitment to equal opportunities for all and enable staff to encourage people's active participation in care. Introduction to the understanding and awareness of the power issues in professional /patient relationships and reflect on how to reduce any potential for negative impact these may have.</p> <p>Understanding stigma in relation to mental health and how this may impact in families, cultures and communities.</p>	<p>Ability to communicate with children/young people of differing ages, developmental level and background</p> <p>. Ability to work with difference (cultural competence)</p>
Caseload & clinical management, use of supervision, liaison & clinical decision-making	<p>Clinical Supervision.</p> <p>Case load Supervision.</p> <p>Line Management Supervision.</p>	Ability to make use of supervision.



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<p>Child, youth and family development and transitions.</p>	<p>EMHPs must operate at all times from an inclusive values base which promotes recovery and recognises and respects diversity and demonstrate:</p> <ul style="list-style-type: none"> <li>• Knowledge of the needs of children and young people in relation to their physical, social, cognitive and emotional development e.g. need for attachment relationships, education, appropriate patterns of diet, sleep and exercise.</li> <li>• Knowledge of normal child and adolescent development and its impact on behaviour.</li> <li>• Knowledge of age appropriate and problematic behaviour.</li> <li>• Knowledge of the contexts in which the child/young person and their family needs to be viewed.</li> <li>• Knowledge of different family structures and compositions.</li> <li>• Knowledge of the potential impact of significant family transitions (e.g., birth of new family member, starting school, bereavement).</li> <li>• Knowledge of the potential impact of social adversity on families (e.g., loss, abuse, social change, socio- economic disadvantage, health inequality).</li> </ul>	<p>Knowledge of development in children/young people and of family development and transitions.</p>
<p>Working with families and systems</p>	<p>Skills required for shared decision making that ensures clinicians work with parents/carers, young people and their systems in a fully collaborative manner.</p>	<p>Ability to engage and work with families, parents &amp; carers.</p>

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<p>Legal / professional issues including: Legal framework/ethics/confidentiality, capacity and consent/safeguarding.</p>	<p>Understanding the procedures required to obtain appropriate consent</p>	<ul style="list-style-type: none"> <li>• Knowledge of legal frameworks relating to working with children/young people.</li> <li>• Knowledge of legal frameworks relating to working with children/young people.</li> <li>• Knowledge of, and ability to work with, issues of confidentiality, consent and capacity.</li> </ul>
<p>Collaborative practice/working and participation/ Service user involvement.</p>	<p>Understand the perspective of the child, young person and their parents and develop a shared understanding of any difficulties.</p>	
<p>Use of supervision.</p>	<p>Reflect on own learning and clinical skills, prepare for and use supervision to enhance own learning and clinical outcomes for the child, young person and family.</p>	<p>Ability to make use of supervision.</p>
<p>Outcomes-informed practice.</p>	<p>Ability to use and explain the use of a range of routine outcome measures with children, young people and parents.</p>	<p>Ability to make use of measures (including monitoring of outcomes).</p>

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### Appendix B: Module 2 Assessment and Engagement Full Learning Objective

<b>Curriculum Outline Content</b>	<b>Learning Objectives</b>	<b>Matched Roth &amp; Pilling Competencies</b>
Therapeutic relationship skills, ability to engage and communicate across the age range. Developmental stages and background, working with difference.	With knowledge of development stages, appropriate engagement and intervention methods employed by the EMHP. This includes use of developmentally appropriate material and language to engage young person effectively.	<ul style="list-style-type: none"> <li>• Ability to communicate with children/young people of differing ages, developmental level and background.</li> <li>• Ability to work with difference (cultural competence).</li> </ul>
Cultural diversity awareness - cultural competence.	An understanding of, and respect for difference and diversity. Knowledge of engagement in different settings and contexts and an ability to work with different and awareness of self in respect to responses to social and cultural diversity and difference.	<ul style="list-style-type: none"> <li>• Ability to work with difference (cultural competence).</li> </ul>
Engagement of CYP & families.	<p>The skills required for the EMHP will form a core competency but may require further specific skills training depending on the types of intervention the EMHP carry out.</p> <p>Focus on clear, collaborative working with good communication skills with YP, Parents and Families.</p>	<ul style="list-style-type: none"> <li>• Ability to engage and work with families, parents &amp; carers.</li> </ul>
Using creativity to engage children & young people.	Use of developmentally appropriate and engaging materials and language to support client motivation, engagement understanding of assessment and intervention process.	<ul style="list-style-type: none"> <li>• Ability to communicate with children/young people of differing ages, developmental level and background.</li> </ul>

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Interviewing & questioning skills.	The EMHP will have an ability to interview and structure questions in order to illicit information in a clear, meaningful, and collaborative manner.	
Risk assessment, safeguarding & management.	Knowledge of risk assessment and risk management delivery. Working with risk and safeguarding within service-based context and the local systems.	Ability to recognise and respond to concerns about child protection.
Working with families and systems.	Skills required for shared decision making that ensures clinicians work with parents/carers, young people and their systems in a fully collaborative manner.	Risk assessment and management.
How to use measures, goal setting & goal-based outcomes.	An overview of the core CAMHS data set including use of GBO, RCADS, SRS, CSRS, ORS, CORS, SDQ. Ability to use PREM and PROM collaboratively with YP and effectively as a core part of the supervision process.	Ability to make use of measures (including monitoring of outcomes).
Knowledge of support interventions & giving evidence-based information.	<p>Roth and Pilling suggests that all CAMHS practitioners carrying a caseload should have the ability to undertake a single session assessment of service appropriateness.</p> <p>Alongside this any CAMHS practitioner working with a caseload will need to feedback the outcome of this assessment and agree a treatment plan and assess the YP's functioning within their system.</p> <p>Therefore for the EMHP training, a strong focus on the assessment process will be required.</p>	Ability to undertake a single session assessment of service appropriateness.

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Use of supervision.	Reflect on own learning and clinical skills, prepare for and use supervision to enhance own learning and clinical outcomes for the child, young person and family.	Knowledge of models of intervention, and their employment in practice.
Pharmacology	<p>In line with Roth and Pilling CAMHS competencies, practitioners need to be able to identify the conditions for which medication may be indicated and understand the role of medication in an intervention. In line with Roth and Pilling CAMHS competencies, EMHPs must be able to identify the conditions for which medication may be indicated and understand its role in an intervention.</p> <p>Non-medical CAMHS professionals need to know when they should consult with, or refer to, psychiatric colleagues who have extensive training in specialist assessment and prescribing and understanding of medication side-effects.</p> <p>These requirements are dependent on the availability of clear local pathway protocols and governance structures regarding the clinical management of CYP and pharmacology.</p>	Knowledge of psychopharmacology in child and adolescent work.

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## Appendix C1: Module 3 Intervention

Curriculum outline content	Learning objective
General core competencies (Roth and Pilling).	<ul style="list-style-type: none"> <li>• Knowledge and understanding of mental health problems in children/young people and adults.</li> <li>• Knowledge of models of intervention, and their employment in practice.</li> <li>• Ability to work within and across agencies.</li> <li>• Ability to communicate with children/young people of differing ages, developmental level and background.</li> <li>• Ability to work with difference (cultural competence).</li> <li>• Ability to make use of supervision.</li> <li>• Knowledge of development in children/young people and of family development and transitions.</li> <li>• Ability to engage and work with families, parents &amp; carers.</li> <li>• Knowledge of legal frameworks relating to working with children/young people.</li> <li>• Knowledge and ability to work with issues of confidentiality, consent and capacity.</li> <li>• Ability to make use of measures (including monitoring of outcomes).</li> </ul>
Shared competencies across different need groups.	<p>The purpose of this section is to draw out common competencies that would be applicable for each of the three target areas of need, namely: -</p> <ol style="list-style-type: none"> <li>1. mild/moderate anxiety problems,</li> <li>2. mild/moderate low mood and self-harm,</li> <li>3. mild/moderate common behaviour problems.</li> </ol> <p>The competencies are drafted so that they are applicable to working with a parent, a child or a young person.</p> <p>The intention of this section is to reduce duplication of competencies that have been described in each of the three draft competency documents produced for the national curriculum group and to make the expected competencies for these practitioners to be more realistic to the amount of training that they will be offered.</p> <p>These shared core competencies are organized under the following 13 headings</p> <ol style="list-style-type: none"> <li>1. Collaborative Practice and shared decision making</li> <li>2. Assessment and information gathering</li> </ol>

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	<ol style="list-style-type: none"> <li>3. Working with parents</li> <li>4. Creating a helping relationship</li> <li>5. Making goals, planning and agreeing the intervention</li> <li>6. Using guided self help</li> <li>7. Behavioural experiments</li> <li>8. Practicing homework</li> <li>9. Problem solving</li> <li>10. Relapse prevention and dealing with setbacks</li> <li>11. Motivational interviewing</li> <li>12. Working with groups</li> <li>13. Psychoeducation</li> </ol>
<p>Competencies for specific interventions</p>	<p>In this section, specific competencies relating to each of the five need groups are described.</p> <ol style="list-style-type: none"> <li>1. Low mood: <ul style="list-style-type: none"> <li>• Knowledge of low mood</li> <li>• Assessment of low mood</li> <li>• Working with parents of young people with low mood and self-harm</li> <li>• Behavioural activation for low mood</li> <li>• Relapse prevention of low mood and self-harm</li> </ul> </li> <li>2. Anxiety: <ul style="list-style-type: none"> <li>• Knowledge of anxiety</li> <li>• Ability to involve parents / carers in interventions for anxiety</li> <li>• Specific interventions for anxiety: <ul style="list-style-type: none"> <li>- Brief CBT / self-help / CCBT with CYP</li> <li>- Therapist-assisted CBT bibliotherapy with parents</li> <li>- Cognitively enhanced group work with parents Group work with parents of Children with anxiety (3-9-year olds)</li> </ul> </li> </ul> </li> <li>3. Behaviour problems: <ul style="list-style-type: none"> <li>• Individual guided self-help or brief face to face work</li> <li>• Parent training group work</li> </ul> </li> </ol>

**Appendix C2: Shared Competencies across different need groups**

<p>1. Core interviewing skills, collaborative practice and shared decision making</p>	<p>An ability: -</p> <ul style="list-style-type: none"> <li>• to use open and closed question styles flexibly and responsively</li> <li>• to phrase questions unambiguously</li> <li>• to give the client regular summaries during the interview</li> <li>• to show active listening in working with parents, children and young people.</li> <li>• to summarise and feedback to parents, children and young people what you have learnt about their difficulties.</li> <li>• to provide parents and young people the opportunity to share their concerns and to explore what they would like help with.</li> <li>• to develop a shared understanding of how the young person’s problem may have developed and factors contributing towards maintenance.</li> <li>• to develop a set of options as to how a parent or young person may like to address their difficulties including non-professional help and self-management.</li> <li>• to give the client information about alternative available evidence- based psychological therapies treatment-choices, as set out in the agreed protocol for the delivery of guided self-help</li> <li>• to support the parent and young person in making a choice about how they would like to address their difficulties.</li> </ul>
<p>2. Assessment and information gathering</p>	<ul style="list-style-type: none"> <li>• to demonstrate an empathic stance to the parent, child or young person’s description of their difficulties.</li> <li>• to collaborate with parents about the assessment process (see 3 below)</li> <li>• to adopt a stance of trying to see things from the parent, teacher, child or young person’s point of view.</li> <li>• to establish the main concerns for the young person and/or their parents and what they want to achieve during the programme.</li> <li>• to develop an understanding about how the problem is impacting on the life of the child or young person</li> <li>• to help young people and parents recognise maintaining factors for the problem.</li> <li>• to highlight for the young person and parents’ strategies that have already proved helpful.</li> </ul>



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	<ul style="list-style-type: none"> <li>• to increase young person and parents' confidence by recognizing their achievements.</li> <li>• to use outcome measurement to clarify problem and monitor change</li> <li>• to support parents and young people to collect observations about the problems to be addressed (diaries, behaviour charts etc)</li> <li>• to support the client in the completion of formal measures of mental health and to support the client in using these to monitor their progress</li> <li>• to summarise information gathered from the assessment into a concise problem summary which is shared and checked with the client (which includes information on environmental and/or intrapersonal triggers, physiological, behavioural and cognitive components of the main problem and the broader impact of this problem on the client's functioning)</li> </ul>
<p>3. Working with parents</p>	<ul style="list-style-type: none"> <li>• to recognise the primary caring role of the parent/carer and consider this in the help offered.</li> <li>• to work in a collaborative way with parents and carers where this is consistent with the child's needs.</li> <li>• To support the parent in making choices about their child's needs.</li> <li>• to draw on knowledge of the range of roles that parents/carers can play in relation to therapy, (from non-involvement through to a co-clinician offering active support outside sessions)</li> <li>• to recognise and highlight the strengths of the parent in their parent role.</li> <li>• to tailor the level of parent/carer involvement in sessions in line with:             <ul style="list-style-type: none"> <li>▪ the age and developmental stage of the child/young person.</li> <li>▪ the specific problems which the child/young person faces.</li> <li>▪ the relationship between the child/young person and parent/carer.</li> <li>▪ the ability and motivation of the parent/carer to support the child/young person with the therapy.</li> </ul> </li> <li>• to provide information to the parent/carer about the nature and course of the child or young person's difficulty, as well as information on the intervention programme itself.</li> <li>• to provide information to the parent/carer sensitive to any parental feelings of self-blame.</li> </ul>

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	<ul style="list-style-type: none"><li>• to invite feedback from the parent about the work being done and to adapt the work in response to such feedback.</li><li>• An ability to judge whether parents could helpfully adopt a 'co-therapist' role in which they become more active in taking a child to exposure targets and assisting with response prevention.</li><li>• An ability to provide information to the parent/carer about the nature and course of the presenting difficulties, as well as information on the intervention programme itself.</li><li>• An ability to provide information to the parent/carer sensitive to any parental feelings of self-blame.</li><li>• An ability to teach the parent how to manage both their child's difficulties and their own reaction to these difficulties (for example):<ul style="list-style-type: none"><li>▪ Normalising the tendency for most parents to want to protect/reassure/allow avoidance.</li><li>▪ Explaining how some parental behaviours may inadvertently maintain the difficulties (e.g., by protecting the child/young person from potentially anxiety provoking situations or providing excessive reassurance).</li></ul></li><li>• An ability to encourage parents to refrain from punishment or unhelpful advice giving in relation to the difficulties</li><li>• An ability to help parents distinguish between anxiety related behaviours and other problematic behaviours.</li><li>• An ability to encourage parents to pay attention and reward engagement in non-anxious or helpful activities and behavior.</li><li>• An ability to help the child/young person and family to decide jointly on how family members will stop participating in maintaining behaviours in a way that is manageable for the child/young person.</li><li>• An ability to help the family understand the importance of letting the child/young person progress at their own pace up the symptom hierarchy.</li></ul>
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	<ul style="list-style-type: none"> <li>• An ability to engage parents in a ‘cheerleader’ role in which they provide support, encouragement, positive attention, and concrete rewards for completion of therapy homework tasks.</li> <li>• An ability to explain how parents/carers can model ‘desirable’ and ‘undesirable’ behaviour.</li> <li>• When appropriate, explaining how parents/carers can help the child/young person to carry out relaxation exercises and exposure tasks</li> <li>• An ability to explore any concerns that the parent/carer may have about key aspects of the intervention such as exposure tasks.</li> <li>• An ability to establish a system for feedback to the parent/carer that provides them with general information on therapy progress, whilst respecting the child/young person’s right to confidentiality (e.g. by agreeing that information given to a carer will be discussed with the child/young person first).</li> <li>• An ability to keep the family / carers informed about therapy interventions and the child/young person’s functioning (e.g. via a brief meeting at the end of each session or in separate parent/carer sessions).</li> </ul>
<p>4. Creating a helping relationship</p>	<ul style="list-style-type: none"> <li>• to adopt a non-critical, empathic stance towards the parent, child or young person.</li> <li>• to actively recognise and support the role of the parent in being the primary carer of the child or young person.</li> <li>• to maintain a clear distinction between acting as a facilitator of self-help and taking on the more extensive role of a therapist</li> <li>• to be explicit with the parent and/or child and young person that the aim for the worker is to encourage the parent or child to manage their own problems more effectively. This role may take a number of forms:             <ol style="list-style-type: none"> <li>a. to adopt a role of ‘educator’ in providing useful information about the difficulties that the parent, child or young person is experiencing.</li> <li>b. to adopt a role of ‘trainer/coach’ in supporting the parent, young person or child to try new behaviours and ideas in relation to their difficulties.</li> </ol> </li> <li>• to adopt a position of hopeful optimism in response to the parent and young person’s difficulties.</li> </ul>

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	<ul style="list-style-type: none"> <li>• to adopt a position of active curiosity about how the parent, child and young person are getting on.</li> <li>• to encourage and support outcome monitoring during the intervention.</li> <li>• to actively notice and promote self-helping behaviours by parents and young people.</li> <li>• to help young person/parents focus on increasing level of independence and competence in addressing the problem.</li> <li>• to help parents/young person to look out for opportunities in everyday life where they can promote increased positive behaviours related to the problem.</li> </ul>
<p>5. Making goals, planning and agreeing the intervention</p>	<ul style="list-style-type: none"> <li>• to communicate a clear description of what the intervention may involve using introductory self-help materials as appropriate.</li> <li>• to discuss and show parent/young person self-help materials as appropriate.</li> <li>• to ensure the parent/young person has understood how to follow a graded step by step approach to helping address the difficulties</li> <li>• to elicit parent, child and young person views about the intervention and to adapt the plan according to their views.</li> <li>• to help focus the young person and the parent to develop realistic and achievable goals.</li> <li>• to make a (preferably written) plan with the parent/young person about the process of help</li> <li>• to include in the plan the role of family members, friends, teachers, neighbours to contribute to helping the family with their difficulties.</li> <li>• to discuss and agree with the parent, child and young person about the plan for appointments, telephone contacts, phone messages etc</li> <li>• to discuss and agree methods of monitoring and measuring the problem during the help process.</li> </ul>
<p>6. Using guided self help</p>	<ul style="list-style-type: none"> <li>• to communicate the options available to a client within a self-help programme.</li> <li>• to agree on the suitability of the self-help intervention for the client</li> <li>• to know the self-help material and the principles on which it is based.</li> <li>• to actively encourage the parent and young person to use the materials to support the intervention between face to face or telephone contacts.</li> <li>• to use the self-help materials as part of the direct contacts with the parent, young person or child.</li> </ul>

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	<ul style="list-style-type: none"><li>• to identify issues that may be outside the planned focus of the guided self-help intervention and suggest and support alternative forms of help for these issues.</li><li>• to encourage the parent, child or young person to persist with the planned focus of the work.</li><li>• to help the client problem solve difficulties encountered in the use of written materials, and self-monitoring materials.</li><li>• to communicate effectively about the delivery, implementation and monitoring of self-help interventions both in face-to-face contacts and in telephone contacts.</li><li>• to refer to the end point of the guided self-help process throughout the intervention.</li><li>• An ability to identify when it is appropriate for self-help materials to be employed:<ul style="list-style-type: none"><li>○ as a stand-alone intervention, without clinician guidance</li><li>○ as a form of guided self-help, with focused support from a practitioner.</li></ul></li><li>• An ability to identify when it is appropriate to integrate guided self-help into an ongoing clinician-directed intervention.</li><li>• An ability to ensure that self-help materials used with children/ young people are matched to their cognitive and affective development.</li><li>• An ability to maintain a clear distinction between the role of a facilitator of guided self-help and the more extensive role of a therapist or case manager.</li><li>• An ability to help recipients of self-help (young people and their families) understand that the main purpose of the intervention is to focus on, and facilitate, the use of self-help material(s).</li><li>• An ability to identify appropriate and specific goals and desired outcomes for the self-help intervention with the young person and their family.</li><li>• An ability to provide a rationale for guided self-help in an encouraging and realistic manner.</li><li>• An ability to establish a context for the intervention, through clear explanation of the practitioner's role.</li><li>• An ability to convey the client led, collaborative nature of a self-help intervention.</li><li>• An ability to impart accurate information about the problems on which self-help materials are focused (e.g. the nature, course and frequency of a presenting problem).</li><li>• An ability to give information regarding the likely benefits of self-help interventions (i.e. based on best available evidence of effectiveness)</li></ul>
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	<ul style="list-style-type: none"> <li>• An ability to agree on the suitability of a self-help intervention for the child/young person and their family.</li> <li>• An ability to collaboratively negotiate and agree the next steps in any contact, including organisational arrangements.</li> <li>• An ability to identify clients whose problems lie outside the scope of a self-help intervention (i.e. when alternative interventions are required).</li> </ul>
7. Behavioural experiments	<ul style="list-style-type: none"> <li>• To have knowledge of the theory and practice of behavioural experiments.</li> <li>• How to plan, conduct and review behavioural experiments.</li> </ul>
8. Practicing homework	<ul style="list-style-type: none"> <li>• to aid the parent or young person to identify successful attempts at homework (e.g. doing a new activity and conducting experiments).</li> <li>• to help the parent and/or young person think through the rationale for performing homework and related tasks, and to identify and problem solve any anticipated difficulties in carrying out tasks.</li> <li>• to explore the beliefs and feelings that may have made homework difficult.</li> <li>• to help young person make links between homework and change in the problem.</li> <li>• to monitor young person's recording of their activity and what they have learnt from this.</li> <li>• to ensure that the child/young person received any agreed rewards from the homework.</li> </ul>
9. Problem solving	<ul style="list-style-type: none"> <li>• to discuss with the parent or young person the advantages and disadvantages of different options and/or events.</li> <li>• to avoid a stance of persuasion and/or criticism towards the parent and/or young person.</li> <li>• to support a position of empowerment and choice in using problem solving methods.</li> <li>• to recognise setbacks as part of a normal process of change</li> <li>• to model an active problem-solving approach to difficulties that arise in the intervention.</li> <li>• to highlight small changes when these may be unnoticed by the family.</li> <li>• to encourage the parent/ child or young person's sense of their own coping ability and increase their confidence.</li> </ul>
10. Ending help, relapse prevention and dealing with setbacks	<ul style="list-style-type: none"> <li>• to understand the importance of adequate preparation for ending the guided self-help, to allow accurate evaluation and consolidation of gains, and preparation for independent practice.</li> </ul>

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	<ul style="list-style-type: none"> <li>• to demonstrate knowledge and understanding of the potential for recurrence of problems after ending.</li> <li>• to collaborate to produce a relapse prevention plan that actively involves the available interpersonal and professional networks.</li> <li>• to help young person and parents reflect on what has been helpful in addressing the problems that brought them for help.</li> <li>• to encourage young person and parents to continue implementing strategies that have been helpful.</li> <li>• to establish on-going goals for young person and parent to work towards in the short and long term.</li> <li>• to practice problem solving techniques with the young person and parents in preparation for any difficulties that may prevent them from continuing the work.</li> <li>• to increase young person and parents' confidence by recognizing their achievements.</li> </ul>
11. Motivational interviewing	<ul style="list-style-type: none"> <li>• To have knowledge of the cycle of change.</li> <li>• To assess the degree to which a young person or parent may be motivated to engage in change and to adjust the process of engagement in response to this.</li> </ul>
12. Working with groups	<ul style="list-style-type: none"> <li>• To have knowledge about the how to facilitate a group for parents or young people.</li> <li>• Ability to plan groups.</li> <li>• Ability to recruit participants.</li> <li>• Ability to follow the model of group therapy.</li> <li>• Ability to manage group process.</li> <li>• Ability to engage group members.</li> <li>• Ability to manage the ending.</li> <li>• Ability to evaluate the group.</li> </ul>
13. Psychoeducation	<ul style="list-style-type: none"> <li>• To have knowledge of psychoeducational materials relevant to core mental health problems for children, young people and their parents.</li> </ul>

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<b>Competencies for specific interventions</b>	
<b>Low mood</b>	
<b>Knowledge of low mood</b>	<ul style="list-style-type: none"> <li>• to draw on knowledge of problems of low mood in children and young people, including:               <ul style="list-style-type: none"> <li>○ their incidence and prevalence of these problems in children and young people.</li> <li>○ the symptoms and course of low mood and self-harm in children and young people.</li> <li>○ diagnostic criteria for low mood and common comorbidities (such as anxiety and school refusal).</li> <li>○ the impact of biological, psychological, family and social factors in the development and maintenance of low mood in children and young people.</li> </ul> </li> <li>• to draw on knowledge of models of low mood</li> <li>• to draw on knowledge of the ways in which these models need to be adapted for children/young people by taking developmental, family and systemic considerations into account.</li> </ul>
<b>Assessment of low mood</b>	<ul style="list-style-type: none"> <li>• to give young people accurate information about the nature and course of low mood.</li> <li>• to gather information from a young person about the length, extent and impact of their low mood on their relationships and daily life.</li> <li>• to illicit information from a young person about their experience of low mood, recognizing the sensitive nature of this information.</li> <li>• to gather information about previous help that the young person has received for low mood including both help from family, friends and professionals.</li> <li>• to gain information about drug and alcohol use</li> <li>• to consolidate understand how low mood is impacting on their life.</li> <li>• to develop a shared understanding of how the young person's low mood may have developed and factors contributing towards maintenance.</li> <li>• to discuss general factors which can play a role in low mood and to obtain information from parents as to which factors may be relevant for their family.</li> </ul>



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Working with parents of young people with low mood and/or self-harm	<ul style="list-style-type: none"> <li>• to provide information to the parent/carer about the nature and course of low mood and self-harm, as well as information on the intervention programme itself.</li> <li>• to support the parent in supporting their child with low mood.</li> <li>• to encourage parents to refrain from punishment or unhelpful advice giving in relation to low mood and/or self-harm.</li> <li>• to help parents distinguish between low mood and self-harm behaviours and other problematic behaviours.</li> <li>• to encourage parents to pay attention and reward engagement in low mood behaviours.</li> <li>• to explore any concerns that the parent/carer may have about key aspects of the intervention such as motivational approaches tasks.</li> <li>• to establish a system for feedback to the parent/carer that provides them with general information on progress, whilst respecting the child/young person's right to confidentiality (e.g. by agreeing that information given to a carer will be discussed with the child/young person first).</li> <li>• to keep the parent informed about therapy interventions and the child/young person's functioning consistent with the agreements made with the young person.</li> </ul>
Behavioural activation for Low Mood	<ul style="list-style-type: none"> <li>• to understand the research literature on behavioural activation in children and young people (clinical trials and outcome studies)</li> <li>• to gather information relevant to an ABC model (antecedents, behaviours and consequences)</li> <li>• to provide the rationale for behavioural activation to clients in an encouraging but realistic manner</li> <li>• to help a client identify desired routine, pleasurable and necessary activities for a programme of behavioural activation</li> <li>• to help a client set up, structure and review behavioural activation hierarchy lists necessary activities for a programme of behavioural activation</li> <li>• to draw on knowledge of the main components of an evidence-based intervention for working with low mood which may include sleep hygiene, exercising, activity scheduling, problem solving, behavioural experiments.</li> <li>• to give realistic information regarding outcomes from behavioural activation</li> <li>• to recognise low motivation to change as being a frequent aspect of low mood</li> <li>• to identify environmental cues for behavioural deficits and excesses</li> <li>• to help the client understand that the main focus of behavioural activation is to increase activities</li> </ul>

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	<p>in order to bring a sense of pleasure or accomplishment.</p> <ul style="list-style-type: none"> <li>• To understand that behavioural activation is based on enabling a young person to explore whether negative predictions about situations or relationships are realistic and helpful.</li> <li>• to introduce the rationale for self-monitoring and to help the client undertake this, using diaries (including behavioural activation, exposure, sleep and thought diaries)</li> <li>• to review diary records with the client, and to discuss any issues or implications which arise from these observations</li> <li>• to help clients problem solve any difficulties they encounter when using written materials and self-monitoring materials</li> <li>• to identify disruptions to the client's routine pleasurable and necessary activities</li> </ul>
Relapse prevention and low mood and self-harm	<ul style="list-style-type: none"> <li>• to demonstrate knowledge and understanding of the potential for recurrence of low mood after ending</li> </ul>
<b>ANXIETY</b>	
Knowledge of anxiety:	<ul style="list-style-type: none"> <li>• An ability to draw on knowledge of anxiety disorders in children and young people, including:</li> <li>• their incidence and prevalence in children and young people.</li> <li>• the symptoms and course of anxiety disorders in children and young people.</li> <li>• diagnostic criteria for anxiety disorders and common comorbidities (such as depression and oppositional defiant disorder and problems such as school refusal).</li> <li>• the impact of biological, psychological, family and social factors in the development and maintenance of anxiety conditions in children and young people.</li> <li>• An ability to draw on knowledge of cognitive, social and emotional development in children and young people.</li> <li>• An ability to draw on knowledge of cognitive and behavioural models of anxiety.</li> <li>• an ability to draw on knowledge of the ways in which these models need to be adapted for children/young people by taking developmental, family and systemic considerations into account.</li> <li>• Demonstrate a critical understanding of the phenomenology, diagnostic classifications and epidemiological characteristics of anxiety disorders in children and young people.</li> </ul>

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Ability to involve parents/carers in interventions for anxiety (see also generic skills for working with parents)

- An ability to teach the parent how to manage both their child's anxiety and their own anxiety about their child by (for example):
  - normalising the tendency for most parents to want to protect/reassure/allow avoidance.
  - explaining how some parental behaviours may inadvertently maintain anxiety (e.g. by protecting the child/young person from potentially anxiety provoking situations or providing excessive reassurance).
- An ability to encourage parents to refrain from punishment or unhelpful advice giving in relation to anxiety
- An ability to help parents distinguish between anxiety behaviours and other problematic behaviours.
- An ability to encourage parents to pay attention and reward engagement in non-anxious activities.
- An ability to help the child/young person and family to decide jointly on how family members will stop participating in anxiety maintaining behaviours in a way that is manageable for the child/young person
  - explaining how reinforcement of the child/young person's 'brave behaviour is preferred.
  - explaining how parents/carers can model 'desirable' and 'undesirable' behaviour.
  - explaining how parents/carers can help the child/young person to carry out relaxation exercises and exposure tasks
- An ability to explore any concerns that the parent/carer may have about key aspects of the intervention such as exposure tasks.
- An ability to support and involve parents in intervention who may also experience symptoms of anxiety themselves. To build understanding of how their own anxiety related behaviours and beliefs may inadvertently reinforce or maintain their child's difficulties and support them in developing non-anxious responses.

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Specific Interventions for anxiety:	<ul style="list-style-type: none"> <li>• Brief CBT / self-help / CCBT with CYP</li> <li>• Therapist-assisted CBT bibliotherapy with parents</li> <li>• Cognitively enhanced group work with parents Group work with parents of Children with anxiety (3-9-year olds)</li> </ul>
Brief CBT / self-help / ccbt with CYP	<ul style="list-style-type: none"> <li>• A critical understanding of clinical research literature on exposure for anxiety disorders in children and young people (clinical trials and outcome studies)</li> <li>• Understand how to sensitively adapt Behaviour Therapy for anxiety disorders to ensure equitable access, considering the age of the child or young person, and cultural and social differences and values among the children, young people and their parents/guardians</li> <li>• An ability to draw on knowledge of the main components of an evidence-based intervention for working with worry which may include progressive muscle relaxation; cognitive restructuring, problem solving, imagery exposure and in-vivo exposure, managing panic, sleep hygiene</li> <li>• Demonstrate knowledge and understanding of the importance of adequate preparation for ending therapy, to allow accurate evaluation and consolidation of gains, and preparation for independent practice. Demonstrate knowledge and understanding of the potential for recurrence of depression and anxiety symptoms after ending and competence in collaborating to produce a relapse prevention plan, including medication where necessary, that actively involves the available interpersonal and professional networks.</li> </ul>
Therapist-assisted CBT / bibliotherapy with parents (5-12-year olds)	<p>Specific Key skills and competencies:</p> <p>The development and maintenance of anxiety:</p> <ul style="list-style-type: none"> <li>• To develop a shared understanding of how the child's anxiety may have developed and factors contributing towards maintenance.</li> <li>• To discuss general factors which can play a role in child anxiety and to obtain information from parents as to which factors may be relevant for their family. This should be a collaborative process.</li> <li>• To give parents a map of possible cycles which can be targeted and broken during the programme.</li> </ul> <p>Helping children explore their anxious thoughts:</p> <ul style="list-style-type: none"> <li>• To help parents recognise the maintaining role of thoughts in anxiety.</li> </ul>

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	<ul style="list-style-type: none"> <li>• To give parents strategies to help children think through negative thoughts independently (with support).</li> <li>• To give parents alternatives to reassurance or responses that may inadvertently promote avoidance.</li> <li>• To give an opportunity to practice.</li> </ul> <p>Encouraging testing out fears</p> <ul style="list-style-type: none"> <li>• To help parents focus on increasing their child’s level of independence.</li> <li>• To help parents look out for opportunities in everyday life where they can promote facing or testing out fears.</li> </ul> <p>Devising a step plan to face a fear</p> <ul style="list-style-type: none"> <li>• To ensure the parent has understood how to devise a graded approach to helping their child face a fear.</li> <li>• To help the parent break down a goal into more achievable steps for their child.</li> </ul>
Group work with parents of Children with anxiety (3-9-year olds)	<p>Key knowledge and skills:</p> <ul style="list-style-type: none"> <li>• Understanding the link between child anxiety and reinforcement via attention</li> <li>• Understanding the cognitive – behavioural cycle of anxiety</li> <li>• Be able to support parents to adopt techniques and problem solve difficulties and resistance.</li> <li>• Building confident thoughts in parents and supporting them with doing this with their children</li> <li>• Understanding and supporting parents with implementing the anxiety pyramid</li> <li>• Knowledge of the impact of routines, diet and caffeine</li> <li>• Securing the Parent-Child Bond Through Play</li> <li>• Understanding Children’s Anxiety: anxious cognitions, the role of avoidance</li> <li>• Anxiety modelling / vicarious learning</li> <li>• Using Praise to Build Children’s Confidence</li> <li>• Using Rewards to Get Children Motivated.</li> <li>• Setting Limits on Anxious Children’s Behaviour</li> <li>• Using Withdrawal of Attention to Manage Children’s Behaviour</li> <li>• Managing Children’s Worry</li> <li>• Managing Really Difficult Behaviour: Time Out &amp; Consequences</li> </ul>

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BEHAVIOURAL DIFFICULTIES	
<ol style="list-style-type: none"> <li>1. Individual, guided self-help or brief face to face work</li> <li>2. Parent Training Group Work:</li> </ol>	<ul style="list-style-type: none"> <li>• Assist with parent training for conduct problems</li> <li>• Group engagement and support to promote access and positive outcomes</li> <li>• Within group home visits or additional 1:1</li> </ul>
<ol style="list-style-type: none"> <li>1. Individual work</li> </ol>	<p>To be able to offer brief guided self-help (6-8 sessions) parenting intervention that aims to: promote the child's development and the child's attachment and the parent-child relationship.</p> <p>Specific Learning Objectives and Competencies to be able to build parent's skills and knowledge in:</p> <ul style="list-style-type: none"> <li>• Understand the multiple factors that contribute towards the development of conduct problems</li> <li>• Knowledge of the key comments of parenting interventions</li> <li>• Knowledge of the aims and principles of brief parenting interventions</li> <li>• Use of routine outcomes measures in brief parenting interventions</li> <li>• Knowledge and ability to support parents in promoting the child's development, child's attachment and the parent-child relationship</li> <li>• Knowledge and ability to support parents to keep children safe in their exploration through limits and positive discipline</li> <li>• Collaboratively Implement a brief parenting intervention which includes knowledge and ability to support parents with:               <ul style="list-style-type: none"> <li>○ Learning about your child and their behaviour</li> <li>○ Enhancing your relationship and supporting children's communication</li> <li>○ Building self-esteem and improving behaviour through praise</li> <li>○ Using routines and boundaries to set limits for your child</li> <li>○ Reducing problematic behaviour through withdrawing attention</li> <li>○ Supporting emotional regulation through calm time and dealing with non-adherence to commands in children over 5 years</li> </ul> </li> </ul>

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<p>2. Co-facilitation and wrap-around support of Parent Training Group Work</p>	<p>Practitioners will be expected to where possible contribute to the co-facilitation and delivery of existing parent training groups. Practitioners will also provide support in and outside the group to promote parental engagement and retention and support parents to embed and sustain strategies in their parenting.</p> <p>It is not intended that practitioners take ongoing responsibility of the group, but instead they are trained to contribute to existing group-delivery, which will support the sustainable implementation of Parent Training groups locally.</p> <p>It is key that practitioners have a sound and accurate knowledge basis of Social Learning Theory based Parent Training in order to provide appropriate psychoeducation to parents and school professionals around behavioural techniques.</p> <p>The three aspects of group delivery and support are summarised below with associated learning outcomes.</p>
<p>a) Assist with parent training for conduct problems</p>	<p><b>Knowledge</b></p> <ul style="list-style-type: none"> <li>• An ability to draw on knowledge of clinical and research findings regarding disruptive behaviour problems and the rationale for social-learning theory-based parenting programmes delivered in group and individual formats.</li> <li>• An ability to explain social learning theory in a way that parents can understand</li> <li>• An ability to offer a rationale for engaging in the specific techniques offered in the programme</li> <li>• An ability to draw on knowledge of the basic concepts used in Cognitive Social Learning Theory, including:             <ul style="list-style-type: none"> <li>• modelling (e.g. modelling of behaviours that a parent wishes to encourage in their children)</li> <li>• vicarious learning (learning through observing others)</li> <li>• the role self-efficacy and mastery play in learning</li> </ul> </li> </ul>

- principles of reinforcement (including the concepts of positive reinforcement, and negative reinforcement and punishment)
- shaping of behaviour (reinforcement of approximations of desired behaviour so as to gradually encourage its development)

### *Clinical Stance and Skills:*

- Ability to structure sessions individually according to progress, or according to the group programme; ability to know how and when to catch up or go slower by reviewing progress.
- Ability to run sessions that include sequential content including play, interaction and relationships, praise and rewards, ignoring, limit setting and logical consequences for non-compliance, time-out.
- Ability to tailor the level of parent/carer involvement in sessions in line with the formulation of the specific problems that the parents face and the relationship between the child and parent/carer.
- Ability to help identify improvements by working with the parent to compare their current parenting practices, interaction, beliefs and behaviour and link it to their child's behaviour as well as the family's ecological risk and protective factors.
- An ability to work within an evidence-based framework and apply the manual in the appropriate order with the appropriate emphases.
- An ability to build positive rapport with individual members of the group by:
  - encouraging members to support each other
  - monitoring the impact of individual relationships on other members of the group and if necessary, address and
  - manage any tensions that emerge
- An ability to work within a strength-based framework, and to:
  - recognise and build on individual, family and group strengths
  - negotiate positive, specific and realistic goals
  - focus on solutions
  - establish positive expectations for change



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	<ul style="list-style-type: none"> <li>• An ability to work in a manner that is consistently collaborative and empowering, by:             <ul style="list-style-type: none"> <li>• translating technical concepts into “plain” language that parents can understand and follow</li> <li>• taking shared responsibility for developing agendas and session content</li> <li>• working with clients in ways that promote working towards a joint formulation and problem-solving</li> <li>• working in a manner which acknowledges that the therapist and client both bring different but complementary expertise reinforcing and validating insights of parents.</li> </ul> </li> </ul>
<p>b. To provide pre-group engagement to support access and engagement, retention and better outcomes for CYP and parents of existing parenting groups.</p>	<p><b>Clinical Stance and Skills:</b></p> <ul style="list-style-type: none"> <li>• Ability to explore collaboratively with parents the likely appropriateness of the programme for their needs.</li> <li>• Understanding of the pros and cons of an individual approach and ability to assess which clients are likely to do better with such an approach, including parental shyness, severity of parental problems making joining with a group or going at group pace difficult, ability to attend at group times and cost-effectiveness.</li> <li>• An ability to negotiate individualised goals with each client in the group to ensure that these reflect the issues/problems with which they present             <ul style="list-style-type: none"> <li>• to translate vague/abstract goals into concrete goals</li> <li>• to identify goals that are realistic and achievable</li> <li>• to identify goals which will be subjectively and objectively observable and potentially measurable (i.e. to ensure that if change takes place it will be noticeable to the client and to others).</li> </ul> </li> <li>• An ability to assess parents’ readiness to engage in individual or group parenting work to include knowledge of indicators that may be relevant to inclusion in parenting programmes (e.g. major</li> </ul>

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parental mental health problems (and specifically parental depression, drug abuse or domestic violence)) or long-standing conduct disorder) in order to identify clients for whom the programme is appropriate.

- An ability to identify and collaboratively overcome any potential barriers to engaging in a group-based parenting programme.
- b) To provide within group home visits or additional 1:1 support to support learning if sessions are missed or parents need further support to understand and implement group content

### Clinical stance and skills:

- An ability to engage in therapeutic communication on the telephone (e.g. conducting update calls when sessions missed and completing mid-week phone calls to review progress re strategy implementation).
- Ability to complete catch-up visits with parents at home if sessions are missed and to feel confident to collaboratively explore the key learning points from the session missed.
- An ability to ensure that behaviour management techniques learned in the group are practised in the home by:
  - regularly negotiating with each parent and identifying appropriate techniques for them to practise at home
  - providing parents with constructive feedback on the home activities they have undertaken in ways that promotes feelings of self-efficacy
  - facilitating problem-solving around any problems parents anticipate or encounter in relation to home activities
- An ability to set up and carry-out role play/live coaching with parents outside of the group to allow parents to practice the specific techniques at home by:
  - Ensuring the skills to be practiced have been covered and understood prior to the role-play commencing.

## Module Aims and Content of Education Mental Health Practitioner for Children and Young People Curriculum (EMHP)

- Supports parents to develop specific words and phrases they will use in the role-play to ensure they can successfully practice the strategy.
- Processes the role-play by ensuring key learning has been achieved.
- Provide feedback and praise to parents.
- Discusses any adaptations required for the family to tailor the programme to their individual family circumstances and presenting difficulties.