

**Counselling Children and Young People (10 to 18):**

**Safe and Competent Practice**

**SCQF 11**

**Placement Logbook**

Name:

Placement organisation:

Date of commencement of placement:

Name of Placement educator:

**Assessment overview** (context and relevance of logbook)

The logbook contains the necessary evidence requirements for the supervised practice element of the *Counselling Children and Young People: Safe and Competent Practice* learning outcome 2 which will be carried out on placement.

It is necessary that you have successfully completed Learning Outcome 1 (Readiness to Practise with CYP) prior to engaging therapeutically with children and young people.

**Assessment guidance** (How the logbook is to be used)

This logbook incorporates elements 6 & 7 of the *generic therapeutic competences,* elements 1, 2, 3,4,5,7,8,10 & 11 of the *core competences for work with young people,* and elements 1 & 2 of the *assessment competences*

The logbook is divided into subcategories which highlight the necessary content and competences to be evidenced by the learner while on placement.

The criteria contained in this logbook will be monitored and assessed in a variety of ways; formative class tasks, summative assessments and observations of course tutors. This logbook is used as supplementary evidence for assessing tutors and is not intended to be used as a stand-alone assessment tool.

**Guidance for clinical supervisor**

It is understood that the supervisory relationship is one based on mutual trust and respect. Due to the nature of this relationship, the supervisor’s role is not to ***assess*** the competencies listed in this logbook. Supervisors are instead asked in their professional capacity based on their work with the supervisee whether the learner has had to opportunity to explore the criteria in supervision or that the learner has demonstrated an awareness or capacity to reflect on the course content. There will be an opportunity to offer more in-depth responses in the end of placement report completed by clinical supervisors.

**Guidance for placement mentor**

It is asked that in your professional capacity and experiences of working with the learner whether they have demonstrated competence or have demonstrated the ability to meet the criteria of this logbook while on clinical placement. There will be an opportunity to offer more in-depth responses in the end of placement report completed by placement mentors.

* **Demonstrate a working knowledge of ethical, professional and legal frameworks required to practice competently with issues of confidentiality, consent and capacity relevant to children and young people**

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| **Competency** | **Criteria** | **Date** | **Signed by placement mentor** | **Signed by clinical supervisor** |
|  | **Professional and ethical principles** |  |  |  |
| **Evidence requirements and content based on** **Core competences for work with young people 3,4,5,8** | • Key principles that inform ethical practice and appropriate standards of conduct (with reference to BACP’s current Ethical Framework) |  |  | **X**  |
| • Identifying and dealing with potential ethical conﬂicts |  | **X** | **X** |
| • Making the best use of professional support networks and clinical supervision |  | **X** | **X** |
| • Understanding own limits of competence |  |  | **X** |
| • Identifying and carrying out onward referrals when necessary |  | **X** |  |
| • Identifying and minimising the potential for harm |  | **X** |  |
| • Working in collaboration with other professionals |  | **X** | **X** |
| • Working with issues of capacity and informed consent, including assessing the young person’s capacity to consent |  | **X** |  |
| • Gaining consent from service users for counselling interventions |  | **X** |  |
| • Using age and developmentally appropriate communication |  | **X** | **X** |
| • Maintaining conﬁdentiality and managing disclosures and requests for information by third parties |  | **X** |  |
| • Boundaries of the work and maintaining appropriate standards of conduct |  | **X** | **X** |
| • Storing and sharing data in line with data protection legislation |  | **X** |  |
| • Keeping and maintaining appropriate records |  | **X** |  |
| • Appropriate communication with service users, other practitioners and services |  | **X** |  |
| • Informing young people and their families about issues of conﬁdentiality and information sharing |  | **X** | **X** |
| • Advocating for service users, including how to respond to a young person’s complaint about their care |  | **X** |  |
| • Anti-oppressive and anti-discriminatory practice |  | **X** |  |
| **Legal frameworks relating to work with young people** |  |  |  |
| • Variations in legislation across the four home nations of the UK |  | **X** |  |
| • Legal frameworks which determine the criteria for capacity and informed consent e.g.: Age of Legal Capacity Act (Scotland) 1991; Mental Capacity Act in England and Wales (2005); Gillick Competency etc. |  | **X** |  |
| • The principles of the relevant legislation relating to parent/carer rights and responsibilities e.g.: Children Scotland Act 1995; The Parental Responsibilities and Parental Rights Agreement (Scotland) Amendment Regulations 2009 |  | **X** |  |
| • Taking young people’s needs into account when making welfare decisions that pertain to them e.g.: Children Scotland Act 1995; UN Convention on the Rights of the Child |  | **X** |  |
| • Data protection and disclosure of information legislation e.g.: Data Protection Act 1998; Human Rights Act 1998 |  | **X** |  |
| • Contractual obligations, legislation and guidance which relate to the protection and physical punishment of young people e.g.: Children Acts (1989 England and 1995 Scotland); Children Act 2004 in England and Wales; Criminal Justice (Scotland) Act 2003 |  | **X** |  |
| • Mental health legislation e.g.: Mental Health Act for England and Wales (1983, 1995 and 2007); The Mental Health (Care and Treatment) (Scotland) Act 2003; The Mental Capacity Act (England/Wales) (2005) |  | **X** |  |
| • Legislation that addresses the educational needs of young people who may face barriers to their learning and need additional support, e.g.: Education Additional Support for Learning (Scotland) Act 2004; Education Act (England) (1996, 2002); Special educational needs changes to the law (England) (2007) |  | **X** |  |
| • Equality legislation to protect people from discrimination, e.g.: The Equality Act 2010 |  | **X**  |  |
| **Evidence verified by: (Course Tutor) Date:**  |

* **Demonstrate competency in recognising and responding to concerns about child protection relevant to work with children and young people and families**

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| **Competency** | **Criteria** | **Date** | **Signed by placement mentor** | **Signed by clinical supervisor** |
|  | **Contributing to holistic assessments** |  |  |  |
| **Evidence requirements and content based on****Core Competences for work with young people 7** | • Assessment of risk |  | **X**  | **X** |
| • Consideration of the young person’s individual context, their developmental needs and the parents’/caregivers’ capacity to respond to these needs |  | **X** | **X** |
| • Strengths and challenges within the young person, their family and the context in which they live |  | **X** |  |
| • Using young person and family development and wellbeing indicators to inform judgements about areas of concern, including those of parental neglect and/or failure to thrive |  | **X** |  |
| **Presentation of neglect and abuse**  |  |  |  |
| • Concepts of signiﬁcant harm  |  | **X** |  |
| • Desensitisation to neglect in areas of high prevalence of poverty and deprivation |  |  | **X**  |
| • Criteria for signiﬁcant harm  |  | **X** |  |
| • The ways that abuse and neglect are manifested |  |  | **X** |
| • Prevalence of abuse and neglect, short and long term eﬀects of abuse, including cumulative eﬀects |  |  | **X** |
| **Recognising signs of abuse and neglect**  |  |  |  |
| • Indicators, signs and symptoms of abuse (physical, emotional, sexual, verbal and bullying) and neglect  |  | **X** |  |
| • The eﬀects of abuse, bullying and neglect on a young person |  | **X** | **X** |
| • Behaviours of parents associated with abuse and/or neglect |  | **X** |  |
| • Parental, social and young person risk factors  |  | **X** | **X** |
| • Protective factors |  | **X** | **X** |
| • The application of child protection principles  |  | **X** |  |
| • Maintaining a young person-centred approach to ensure a consistent focus on the welfare of the young person and on their feelings and viewpoints  |  | **X** |  |
| • Statutory responsibilities of adults (e.g. parents/carers, school staﬀ) to keep young people safe from harm |  | **X** |  |
| **Responding to and reporting child protection concerns**  |  |  |  |
| • The application of relevant legislation and local policies and procedures  |  | **X** |  |
| • Reporting suspicions of risk to appropriate internal and external partners/agencies, sharing information with relevant parties, using information from other relevant agencies such as health visitors, GPs, specialist CAMHS |  | **X** |  |
| • Recording information including recording reasons for decisions not to report concerns |  | **X** |  |
| • Good communication with all those at risk and following appropriate procedures |  | **X** | **X** |
| **Child protection plans and implementation of protective interventions**  |  |  |  |
| • Contributing information relevant to multiagency child protection meetings  |  | **X** |  |
| • Participating in the development of multiagency child protection plans  |  | **X** |  |
| • Implementing protective interventions  |  | **X** |  |
| • Providing ongoing support for the young person and/or their family/carers when compulsory measures are necessary, and/or during an ongoing protection investigation |  | **X** |  |
| **Recording and reporting interventions**  |  |  |  |
| • Documenting decisions and actions taken  |  | **X** |  |
| • Recording and reporting interventions for which the counsellor is responsible |  | **X** | **X** |
| **Interagency working**  |  |  |  |
| • Roles and responsibilities of other services |  | **X** |  |
| • Collaborating with relevant agencies  |  | **X** |  |
| • Communication with relevant agencies |  | **X** |  |
| • Escalating concerns within own agency, or between agencies |  | **X** |  |
| **Seeking advice and supervision**  |  |  |  |
| • Making use of supervision and support when dealing with child protection concerns |  |  | **X** |
| • Recognising limits of own competence |  |  | **X** |
| **Evidence verified by: (Course Tutor) Date:**  |

* **Demonstrate a working knowledge of child and adolescent development and transitions and the impact on the client, their presentation in counselling and any implications for therapeutic work**

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| **Competency** | **Criteria** | **Date** | **Signed by placement mentor** | **Signed by clinical supervisor** |
| **Evidence requirements and content based on** **Core Competences for work with young people 1 & 10** | **Child and adolescent development**  |  |  |  |
| • Age/developmentally appropriate and problematic behaviours |  | **X** | **X** |
| • Theories of child and adolescent physical development |  |  | **X** |
| • Theories of cognitive development |  |  | **X** |
| • Theories of social and emotional development |  |  | **X** |
| • Age-appropriate and problematic behaviours |  | **X** | **X** |
| • Concepts of developmental stages, including physical, aﬀective and interpersonal, cognitive, language, social and psychosexual milestones |  | **X** | **X** |
| • The eﬀects of developmental transitions (e.g. onset of puberty) |  | **X** | **X** |
| • The interaction between aspects of a young person’s development and contextual factors |  | **X** | **X** |
| • The implications of developmental stages for therapeutic work |  |  | **X** |
| **Interaction between the care environment and child and adolescent development: Attachment**  |  |  |  |
| • Attachment theory and its implications for child and adolescent cognitive, emotional and social development |  |  | **X** |
| • Attachment theory and its relationship: |  |  | **X** |
|  - in the development of parent/carer and child, siblings and peer relationships |  |  | **X** |
|  - to the development of emotional wellbeing, self- regulation, mental health and mental health problems |  |  | **X** |
|  - to the development of resilience to stressful and adverse experiences and diﬃcult interpersonal experiences |  |  | **X** |
|  - to children and young people who are adopted or looked after |  |  | **X** |
| • The implications of attachment for the therapeutic relationship |  |  | **X** |
| **Interaction between the care environment and child and adolescent development: Inﬂuence of parent / carer**  |  |  |  |
| • Impact of the pre- and peri-natal environment on child and adolescent development |  | **X** | **X** |
| • Parenting styles and impact on child and adolescent development |  | **X** | **X** |
| • Ways in which the parent’s/carer’s communication, interaction and stimulation of their child interacts with the child’s development, attainment and developing mental health |  |  | **X** |
| • Ways in which eﬀective forms of parent/carer engagement change as children and young people develop |  | **X** | **X** |
| • Ways in which the balance of inﬂuence from parents/carers, peers, authority ﬁgures and others alter as the child or young person develops |  | **X** | **X** |
| • Ways in which emotional and cognitive immaturity, mental health diﬃculties such as substance misuse, loss, abuse, social disadvantage, and adversity or negative experiences for parents in their own lives make it more diﬃcult for them to oﬀer consistent or positive parenting |  | **X** | **X** |
| • The positive eﬀects of parent/carer support on attachment relationships and child and adolescent development |  | **X** | **X** |
| **Interaction between the care environment and child and adolescent development: Play activities**  |  |  |  |
| • The importance of play for all aspects of social, cognitive and emotional development |  | **X** |  |
| • Assessing whether a child or adolescent’s level and type of play is broadly normative for their age group, and eﬀective ways of stimulating play activity in young people by oﬀering appropriate materials and descriptive commenting |  | **X** | **X** |
| • The value of young-person-led rather than adult-led play activity |  | **X** | **X** |
| • The positive and negative impact of electronic media on child and adolescent development |  | **X** |  |
| **Family development**  |  |  |  |
| • Viewing the young person’s needs within the context of family, other signiﬁcant relationships, their social and community setting, the professional networks involved with them, their cultural setting, and the socio-political environment |  | **X** |  |
| • Diﬀerent family structures and compositions |  | **X** |  |
| • The family lifecycle and diﬀerences across social contexts and cultures |  | **X** | **X** |
| • The impact of signiﬁcant family transitions on the family and the young person, such as birth of a new family member, starting school, bereavement |  | **X** | **X** |
| • The impact of social adversity such as loss, abuse, social change, socio-economic disadvantage, health inequality |  | **X** | **X** |
| **Interaction between the external environment and child and adolescent development**  |  |  |  |
| • The challenges and positive opportunities the external environment can present for young people |  | **X** | **X** |
| • The statutory requirement to attend school or college and the impact of institutional demands on the young person (e.g. wearing a uniform, enforced attendance in particular curriculum areas) |  | **X** |  |
| • The impact of summative and continuous assessment procedures on the young person’s emotional wellbeing |  | **X** |  |
| • The sense of achievement for the young person in acquiring new knowledge and skills |  | **X** | **X** |
| • The challenges to the young person in becoming a working-age adult  |  | **X** | **X** |
| • The impact of peer relationships (e.g. peer support, a growing sense of individual identity, inclusion or exclusion of various groups, involvement in risk-taking behaviours such as smoking, glue/paint sniﬃng, inhaling aerosol vapours, alcohol, drugs, promiscuity and involvement in anti-social behaviours) |  | **X** | **X** |
| **Evidence verified by: (Course Tutor) Date:**  |

* **Demonstrate ability to engage and communicate with children and young people of differing age, developmental levels and backgrounds**

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| **Competency** | **Criteria** | **Date** | **Signed by placement mentor** | **Signed by clinical supervisor** |
| **Evidence requirements and content based on** **Core Competences for work with young people 10** | **Development** |  |  |  |
| • Attachment theory and its implications for engagement |  |  | **X**  |
| • Developmental stages and diﬀerences across childhood and adolescence and their implications for therapeutic work |  |  | **X**  |
| • Diﬀerences across ages of the young person’s understanding of their own and others’ mental states and of interpersonal situations |  |  | **X** |
| • Communication from young people with regard to counselling work and their ability to articulate emotions and thoughts, and communication through behaviours  |  |  | **X** |
| • Oﬀering developmentally appropriate information about counselling and the interventions used  |  | **X**  | **X**  |
| • Adjusting language to the young person’s developmental level |  | **X**  | **X**  |
| • Avoiding the use of leading, multiple and double questions |  |  | **X**  |
| **Engaging with the young person’s perspective**  |  |  |  |
| • The importance of patience and persistence in helping the young person to express themselves |  | **X** | **X** |
| • Using language, attitudes, behaviours and interests of others of comparable age to that of the young person |  | **X** | **X** |
| • Showing interest in the young person, as a person |  | **X** |  |
| • Showing neutrality in relation to problematic behaviour |  | **X** |  |
| • Staying close to the young person’s language, emotional state and developmental capacities |  | **X** | **X** |
| • Using play materials and other creative resources as appropriate |  | **X** | **X** |
| **Activities to aid engagement**  |  |  |  |
| • Using alternative, or adjustments to, settings if the young person is ﬁnding engagement diﬃcult |  | **X** | **X** |
| • Using appropriate observation and comment upon play and behaviour with a variety of toys and creative activities |  | **X** | **X** |
| • Helping the young person to engage through the use of play materials, pictures, art and drama activities |  | **X** | **X** |
| **Expression of the young person**  |  |  |  |
| • Using scaﬀolding communication and initiating contact |  | **X** | **X** |
| • Using scales to aid communication |  | **X** | **X** |
| • Encouraging thinking aloud for the young person, normalising their experience, helping them to oﬀer their opinion |  | **X** | **X** |
| • Moving between session subject content with ease, and between play materials and verbal discussion |  | **X** | **X** |
| **Engagement when parent and/or carer is present**  |  |  |  |
| • Enabling understanding of the parameters of the session |  | **X** | **X** |
| • Enabling opportunities for all parties’ points of view to be heard |  | **X** |  |
| • Enabling understanding of the session to those present, including the young person |  | **X** |  |
| **Evidence verified by: (Course Tutor) Date:**  |

* **Develop competence in conducting risk assessments and development of risk management plans when working with children and young people**

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| **Competency** | **Criteria** | **Date** | **Signed by placement mentor** | **Signed by clinical supervisor** |
| **Evidence requirements and content based on** **Assessment Competences 2** | **Knowledge of policies and legislation** |  |  |  |
| • Local and national strategy standards, policies and procedures regarding clinical assessment and risk management |  | **X** |  |
| • National and local child protection standards, policies and procedures |  | **X** |  |
| • The principles of relevant Mental Health Acts  |  | **X** |  |
| • Local policies of conﬁdentiality and information sharing |  | **X** |  |
| • Statutory responsibilities of adults to keep young people safe |  | **X** |  |
| **Knowledge of risks, risk assessments and the management process**  |  |  |  |
| • Diﬀerent forms of clinical risk routinely assessed in clinical practice  |  | **X** |  |
| • The main risk factors for self-harm, self-neglect, harm to others and harm from others |  | **X** | **X** |
| • Aims of risk assessment  |  | **X** | **X** |
| • The diﬀerent types of risk assessment and their limitations |  | **X** | **X** |
| • Diﬀerent types of risk factors |  |  | **X** |
| • The beneﬁts and limitations of risk assessment tools as part of the risk assessment |  | **X** | **X** |
| • Diﬀerent stages of risk assessment and by whom these might be conducted |  | **X** | **X** |
| • Identifying and carrying out onward referral where necessary |  | **X** |  |
| **Advice and supervision**  |  |  |  |
| • Awareness of the limitations of own expertise and gaining advice from appropriate individuals (e.g. supervisor, other clinical team members, forensic teams, Caldicott Guardian, social workers etc.) |  | **X** | **X** |
| **Assessment of risk**  |  |  |  |
| • Conducting comprehensive assessments, including in-depth structured risk assessments, combining information from clinical interviews, measures, observations and other agencies within the context of a strong working alliance with young people |  | **X** |  |
| • Carrying out systematic assessments of the demographics, psychological, social and historical factors known to be risk factors for self-harm, self- neglect, harm to and from others, the likelihood of a harmful event occurring, the type of event, the frequency of the event, the severity of the event, the timing of the event and any impact of protective factors |  | **X** |  |
| • Identifying young people’s views of their own experiences, possible trigger factors and harmful events, and ideas about interventions that might reduce risk for the client, including helping the client to recognise their own strengths and weaknesses |  | **X** | **X** |
| • Considering young people’s developmental age and ways in which this aﬀects perception and understanding of behaviours and risk |  | **X** | **X** |
| • Identifying the extent to which adults involved in a young person’s care are able to assess and manage risk and the extent to which they need to be involved in building a risk assessment |  | **X** |  |
| **Developing a risk management plan**  |  |  |  |
| • Factors likely to increase and/or decrease risk |  |  | **X** |
| • Collaborating with the young person, identifying actions to be taken by the young person and relevant services when there is an acute increase in risk factors and/or the family perceives they are in crisis |  | **X** | **X** |
| • The potential beneﬁts and harms of choosing one intervention over another |  |  | **X** |
| • Identifying the appropriateness of employing an intervention that involves an element of risk |  | **X** | **X** |
| • Communicating the risk management plan to the young person, the parents/carers and to other professionals, including information about the potential beneﬁts and risks of a decision and the reasons for a particular plan |  | **X** |  |
| • Considering assumptions and stereotypes about speciﬁc demographic groups that lead to under- estimation or over-estimation of actual risk |  | **X** | **X** |
| • Collaborating with all relevant agencies, maintaining records of assessments and decisions for managing risk, escalating concerns within own and other agencies, referral to more specialist agencies when required |  | **X** |  |
| **Evidence verified by: (Course Tutor) Date:**  |

* **Demonstrate competence in conducting collaborative assessments with children and young people**

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| **Competency** | **Criteria** | **Date** | **Signed by placement mentor** | **Signed by clinical supervisor** |
|  | **Knowledge of assessment process** |  |  |  |
| **Evidence requirements and content based on****Assessment Competences 1** | • The fundamental principles that guide counselling assessments with young people |  | **x** | **X** |
| • Local and national assessment procedures, including those that can be completed by diﬀerent agencies working together.  |  | **X** |  |
| **Engaging the young person and matching capacities of the assessment with them**  |  |  |  |
| • Using knowledge of human development to appraise the young person’s functioning and level of understanding and adapting communication accordingly |  | **X** |  |
| • Use of interpreters when necessary and appropriate |  | **X** |  |
| • Explaining the nature of the assessment to the young person and understanding their world view |  | **X** | **X** |
| • Discussion of conﬁdentiality and its limits |  | **X** | **X** |
| • Working collaboratively with the young person in assessments |  | **X** | **X** |
| • Working with the ‘whole person’  |  | **X** | **X** |
| • Identifying potential risk areas and suitable interventions |  | **X** | **X** |
| **Undertaking a generic assessment**  |  |  |  |
| • Putting the young person at ease |  | **X** |  |
| • Agreeing goals and aiding articulation of these by the young person, and of any concerns they may have |  | **X** | **X** |
| • Discussing the beneﬁts of counselling with the young person and intervention options |  | **X** | **X** |
| • Gaining an overview of the young person’s current life situation, psychological diﬃculties and motivation for psychological intervention |  | **X** | **X** |
| • Assessing the young person’s coping mechanisms |  | **X** | **X** |
| • Working in accordance with the young person’s developmental level |  | **X** | **X** |
| **Assessing the young person’s diﬃculties, current functioning, strengths and abilities**  |  |  |  |
| • Identifying and exploring any diﬃculties of concern to the young person, and helping them to identify and articulate these |  | **X** | **X** |
| • Discussing ways in which the young person sees their diﬃculties developing |  |  | **X** |
| • Identifying, with the young person, areas of good and poor management of their situation and ways in which this impacts on their everyday lives |  | **X** | **X** |
| • Speciﬁc mental health presentations and any drug and alcohol use |  | **X** | **X** |
| • Discussing current/past contact with legal services if appropriate and the signiﬁcance of these  |  | **X** | **X** |
| • Tracking emotionally signiﬁcant themes throughout the process of counselling assessment |  |  | **X** |
| • Assessment of the young person’s current levels of personal, interpersonal, social and academic functioning |  |  | **X** |
| • Exploring with the young person their strengths, abilities, resilience and future hopes |  |  | **X** |
| **Collaborative understanding of the young person’s life story, social and cultural context**  |  |  |  |
| • Integration of information from family, school and other relevant sources |  | **X** |  |
| • Discussing, with the young person, their understanding of their own development and that of the family |  | **X** | **X** |
| • Areas of familial support and stressors |  | **X** |  |
| • Areas of strengths, diﬃculties and interests in school |  | **X** |  |
| • Mental health concerns across diﬀerent cultures, ethnicities and social classes and of social support in these areas within their community |  | **X** | **X** |
| • Discussing with the young person, their peer groups, drawing on knowledge of the young person’s cultural, racial and religious background |  |  | **X** |
| **Reﬂections on own experience of the assessment process**  |  |  |  |
| • Reﬂecting on professional judgements, personal emotions and limitations on the assessment process |  |  | **X** |
| • The ways in which own emotions and prejudices may interfere with working with the young person |  |  | **X** |
| **Use of tools and measures**  |  |  |  |
| • Identifying suitable outcome and process measures and understand their function and beneﬁts |  | **X** |  |
| • Identifying frequency of data collection |  | **X** |  |
| • Use of ‘containers’ for using assessment tools |  | **X** |  |
| • Aims and focus of assessment tools |  | **X** |  |
| • Interpretation of assessment tools and discussing this with the young person |  | **X** | **X** |
| • Engaging the young person in the assessment process and helping them to complete measures as appropriate |  | **X** |  |
| • Discussion of re-focus and goals as a result of process and outcome measure |  | **X** | **X** |
| **Evidence verified by: (Course Tutor) Date:**  |

* **Demonstrate confident administration and application of commonly used assessment measures when working with children and young people**

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| **Competency** | **Criteria**  | **Date** | **Signed by placement mentor** | **Signed by clinical supervisor** |
| **Evidence requirements and content based on****Generic Therapeutic Competences 6** | **Commonly used measures and their purpose and application**  |  |  |  |
| • Measures of the young person’s functioning |  | **X** |  |
| • Goal-based measures |  | **X** |  |
| • Symptom-speciﬁc measures |  | **X** |  |
| • Service satisfaction questionnaires |  | **X** |  |
| • Purpose of the measures and their respective sensitivities |  | **X** |  |
| • Relevant application of measures and their scoring and interpretation procedures |  | **X** |  |
| **Selection and administration of outcome measures**  |  |  |  |
| • Assisting a young person completing the measure and taking into account a young person’s behaviour and attitude when completing measures |  | **X** |  |
| • Using appropriate guidelines to score and interpret the measure |  | **X** |  |
| • Limitations of measures in capturing the complexities of the young person |  | **X** | **X** |
| • Appropriate selection and use of diﬀerent measures designed for diﬀerent purposes and domains of the young person’s functioning  |  | **X** | **X** |
| • The purpose and administration of pre- and post-intervention measures  |  | **X** |  |
| **Diary use**  |  |  |  |
| • Using systematic recordings for analysing the antecedents and consequences of a speciﬁc behaviour |  | **X** |  |
| • Integrating systematic ‘diary recordings’ into assessment and intervention, including frequency charts, behavioural diaries, structured charts |  | **X** |  |
| • Introducing the use of simple measures, graduating to more complex ones as the young person and/or parents/carers familiarise themselves with diﬀerent processes |  | **X** |  |
| • Following up sessions with the young person and parent/carer to understand their interpretation of the data, the ease with which they used the measure, and their motivation to do so |  | **X** |  |
| • The theory and use of ‘star charts’ and how to introduce these to the parent/carer |  | **X** | **X** |
| **Evidence verified by: (Course Tutor) Date:**  |

* **Demonstrate capacity to value and understand diversity in relation to specific beliefs, practices and lifestyles of children and young people, and families/carers while demonstrating an awareness of stigmatising or discriminatory attitudes or behaviours**

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| **Competency** | **Criteria** | **Date** | **Signed by placement mentor** | **Signed by clinical supervisor** |
| **Evidence requirements and content based on** **Core Competences for work with young people 8** | **Signiﬁcance for practice of speciﬁc beliefs, practices and lifestyles** |  |  |  |
| • The critical nature of background, lifestyle, beliefs and religious practices and the way these impact on potential disadvantage and/ or discrimination |  | **X** |  |
| • Service users belonging to multiple ‘groups’ (e.g. being a gay adolescent from a minority ethnic community), and the lifestyle factors involved |  | **X** | **X** |
| • Potential signiﬁcance of social and cultural variation across a range of domains, including ethnicity, culture, gender and gender identity, religion, beliefs, sexual orientation, socio- economic deprivation, class, age, disability, family conﬁguration and the way these may impact on accessibility, eﬀectiveness and acceptability of assessment or therapeutic intervention  |  | **X** |  |
| **Service access and communication**  |  |  |  |
| • Restriction or reduction of access to interventions because of certain social and cultural factors (e.g. language, marginalisation, mistrust of statutory services, lack of knowledge about access to services, attitudes and stigma or shame toward well-being, mental health, help-seeking and counselling) |  | **X** |  |
| • Impact of socio-economic status on access to resources, and ways in which social inequalities impact on development of mental health in young people, parents/ carers |  | **X** |  |
| • Impact of factors such as socio-economic disadvantage and/or disability on practical arrangements that may aﬀect attendance and engagement |  | **X** |  |
| • Communication of respect by taking a willing and active interest in the social and cultural background of the young person and their families/carers |  | **X** |  |
| • Use of strategies and/or use of interpreter/ advocate when language between the young person and family/carer diﬀers |  | **X** |  |
| • Adaptation of communication with young people and parents/carers when necessary to help them discuss and reﬂect on their experiences |  | **X** | **X** |
| **The experience of speciﬁc beliefs, practices and lifestyles**  |  |  |  |
| • Working collaboratively with the young person and their family/carer in a sensitive way to understand their culture and world view |  | **X** |  |
| • The implications of culturally speciﬁc customs and expectations |  | **X** | **X** |
| • Whether the clients experience has shaped the presenting problems and working with the young person and their family/carer to identify how they locate themselves if they ‘straddle’ cultures |  |  | **X** |
| • Relationships and representations of self, individuality and personal/collective responsibility for the young person and their family/carer in their culture and how these might impact on delivery of an intervention |  |  | **X** |
| **Practitioner’s awareness**  |  |  |  |
| • Ways in which the practitioner’s background and own group membership, values and beliefs might inﬂuence their perceptions of the client, the client’s problem and the therapeutic relationship |  |  | **X** |
| • Reﬂection on power diﬀerences between themselves and the young person and their parents/carers |  |  | **X** |
| • Empowerment of the young person and their families/carers through engagement |  |  | **X** |
| • Identiﬁcation of inequalities in access to services; challenge facilitation, such as home visiting, ﬂexible working, links to community resources |  | **X** |  |
| • Identifying client groups whose needs are not being met by current services, the reasons why and potential solutions |  | **X** |  |
| **Assessment measures and interventions**  |  |  |  |
| • Ways in which standardised assessments/ measures are used and interpreted to take account of the demographic membership of the young person |  | **X** |  |
| • Making appropriate adjustments to interventions in order to maximise potential beneﬁt to the client if evidence exists that accessibility and eﬀectiveness of the intervention may be impaired because of beliefs and lifestyle |  | **X** | **X** |
| • Adapting treatments if evidence exists that a clinical problem is inﬂuenced by membership of a particular community or that clients from a speciﬁc community respond poorly to certain evidenced- based approaches |  | **X** | **X** |
| **Evidence verified by: (Course Tutor) Date:**  |

* **Demonstrate awareness of risks and benefits of pharmacology within the interaction between the child and young person’s mental health and their environment.**

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| **Competency** | **Criteria**  | **Date** | **Signed by placement mentor** | **Signed by clinical supervisor** |
| **Evidence requirements and content based on** **Core Competences for work with young people 2 & 11** | **Knowledge and understanding of mental health problems in young people** |  |  |  |
| • Factors such as good physical health, high self-esteem, secure attachments and higher levels of social support promote wellbeing and emotional resilience |  | **X** | **X** |
| • Ways in which the range of mental health and neuro-developmental conditions emerge and present in young people and adults |  | **X** | **X** |
| • Inﬂuence of normal child development and developmental psychopathology on the ways in which mental health diﬃculties present (e.g. younger individuals may somatise or act out, rather than verbalise their emotional diﬃculties) |  | **X** | **X** |
| • Social, psychological, family and biological factors associated with the development and maintenance of mental health problems and the problems which commonly occur with the mental health presentation |  | **X** | **X** |
| • Ways in which mental health problems can impact on family functioning, maintaining intimate family and social relationships and/or the capacity to maintain employment and study |  | **X** |  |
| • Diagnostic criteria for child and adolescent mental health conditions speciﬁed in the main classiﬁcations systems (Diagnostic and Statistical Manual [DSM V] and the International Classiﬁcation of Diseases [ICD 10]) |  |  | **X** |
| • Incidence and prevalence of mental health presentations across diﬀerent cultures, ethnicities and social classes |  | **X** | **X** |
| **Knowledge of pharmacology in work with young people**  |  |  |  |
| • Medications commonly prescribed in young peoples’ psychopharmacology, and the conditions for which they are used |  |  | **X** |
| • Role of medication in the treatment of young people with mental health problems, the risks and beneﬁts of the medication and how to discuss this with health professionals and families |  |  | **X** |
| • Evidence for the beneﬁts of medication alone and medication oﬀered in combination with psychological interventions |  |  | **X** |
| • National guidance, such as the National Institute for Health and Care Excellence (NICE) and/or the Scottish Intercollegiate Guidelines Network (SIGN) guidelines, regarding the role of medication for young people with mental health problems |  | **X** | **X** |
| **Evidence verified by: (Course Tutor) Date:**  |

* **Demonstrate awareness of the requirement for regular supervision to support developing practice with children and young people**

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| **Competency** | **Criteria**  | **Date** | **Signed by placement mentor** | **Signed by clinical supervisor** |
| **Evidence requirements and content based on****Generic Therapeutic Competences 7** | **Working collaboratively with supervisor** |  |  |  |
| • Working with the supervisor to generate an explicit agreement about the parameters of supervision and communicating current state of competence and training needs |  |  | **X** |
| • Being honest and open about the therapeutic work being undertaken in an active and engaging way |  |  | **X** |
| • Presenting material in supervision in a focused and relevant manner |  |  | **X** |
| **Self-appraisal and reﬂection**  |  |  |  |
| • Reﬂecting on the supervisor’s feedback and applying new learning/awareness in future client work and evaluating the impact and eﬀectiveness of this |  |  | **X** |
| • Being open and realistic about own capabilities and self-appraising competence in supervision |  |  | **X** |
| • Using the supervisor’s feedback to further develop self-appraisal and reﬂection  |  |  | **X** |
| • Using supervision to expand self-awareness in relation to own responses to clients, their material and perceptions |  |  | **X** |
| **Active learning**  |  |  |  |
| • Working with the supervisor regarding relevant reading and understand what impact this has on the counselling work |  |  | **X** |
| • Initiating activity in relevant learning areas and sharing with the supervisor the purpose of these and impact on the counselling work |  |  | **X** |
| **Developing personal and professional roles**  |  |  |  |
| • Using supervision to discuss the personal impact of the work |  |  | **X** |
| • Using supervision to discuss professional development in relation to the counselling work |  |  | **X** |
| Reﬂecting on the quality of supervision |  |  | **X** |
| • Reﬂecting on the quality of supervision (in accordance with national and professional guidelines) |  |  | **X** |
| • Seeking advice from others if necessary and/ or appropriate to do so |  | **X**  | **X**  |
| **Self-awareness** |  |  |  |
| • Using supervision to develop self-awareness |  |  | **X** |
|  | • Self-awareness in relation to own contribution to the supervisory relationship and the supervision process |  |  | **X** |
| **Evidence verified by: (Course Tutor) Date:**  |