

Building collaborative networks in child and adolescent mental health

TRAINERS' MANUAL



Tier 1 practitioners'
foundation course

An approachable,
easy-to-use foundation
course training devised
to help busy Tier 2 and
Tier 3 clinicians train Tier 1
practitioners working with
children and young people
with emotional health and
wellbeing issues. Run as
just five half-day workshop
sessions, it answers the
question: where do I start
with training of this kind?

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Foreword

I am delighted to be introducing this energetic new approach to Tier 1 training. It offers a straightforward answer to the question of how to get started when planning foundation courses of this kind.

The training presents an opportunity for practitioners to tackle the important issue of developing skills amongst Tier 1 colleagues from their local agencies whilst also reflecting on and reinvigorating their own work. In response to calls for more palatable forms of training in this area, here is a course which does not require huge time commitment from participants and can be easily adapted according to local need.

This manual is the result of the effort and accumulated experience of many practitioners striving to refine and disseminate best practice in the arena of emotional health and wellbeing in children and young people. We hope you will feel encouraged to run the training using this manual as a starting point, personalising the five half-day sessions to fit your situation and involving those who attend in improving them.

Robert Maragh

Chair of CAMHS North East London Strategic Health Authority's Every Child Matters Programme

Introduction

This handbook is the product of five years of running a training course for Tier 1 workers in the London Borough of Newham. It is designed for specialist CAMHS staff at Tier 2 or Tier 3 who may be considering working up foundation CAMHS courses for Tier 1 practitioners. It follows a broad format of five morning workshops, fortnightly, covering **overview, assessment, family, individuals and review**, but the course content has evolved and changed constantly as feedback is received.

This manual was developed by Newham practitioners with the understanding that it would provide a basic structure for others to adapt.

Thanks to all the participants in the courses, staff at Newham CFCS, interagency partners such as Healthy Schools and our local CAMHS commissioners.

Newham Child & Family Consultation Service (CFCS)

is a Tier 2 and Tier 3 multi-agency assessment and treatment service for children and young people who have complex, severe or persistent emotional, behavioural or developmental problems.

The service aims to offer a holistic service for children and young people with mental health problems, to support their families and to consult and support community (Tier 1) professionals.

It is jointly funded and partnered by East London & The City Mental Health Trust (ELCMHT) and Newham's Education and Social Services departments.

It is staffed by child and adolescent psychiatrists, specialist social workers, child and adolescent psychotherapists, educational and clinical psychologists, nurse specialists, family therapists, an art therapist, bilingual co-workers with language and cultural consultation briefs and an experienced administration team.

The clinic is housed in refurbished user-friendly accommodation, with teaching facilities.

We would welcome comments and the opportunity to co-evolve the training further, with other NHS London trainers and partners, and colleagues further afield. Please email the authors with feedback and suggestions.

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Every effort has been made to trace and acknowledge the work of authors, however if you are aware of any missing acknowledgement, please let us know and we will make the appropriate correction to the next edition.

With thanks to Guilford: New York for allowing the reproduction of 'Empathy' by Miller & Rollnick.

East London and The City 
Mental Health NHS Trust



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The training

This manual describes a foundation CAMHS course with five half-day sessions held fortnightly run for approximately 30 to 40 Tier 1 staff, weighted so that there is a broad representation across local Tier 1 agencies, roles and professions.

Tier 1 describes the primary level of care which includes GPs, health visitors, school nurses, social workers, teachers, SENCOs, EWOs, learning and behaviour support staff, youth justice workers, and the local network of voluntary and third sector agencies.

There has been a growing recognition of the strategic importance of Tier 1 staff, particularly in relation to their potential for recognising and supporting children and young people with mental health needs (Appleton & Hammond-Rowley, 2000; Health Advisory Service, 1995; Day & Davis, 1999; Davis, Day, Cox & Butler, 2000).

The core challenge in delivering foundation courses to Tier 1 staff in NHS London localities is **volume**. 10% of five to fifteen year olds have a diagnosable disorder and these rates rise dramatically in urban areas. In 2001, researchers from UCL and Barts and The London Teaching Hospital Trust sampled 2,790 pupils in years 7 and 9 from 28 schools in the three boroughs served by the ELCMHT, and found high levels of psychological distress as measured by the Strengths and Difficulties Questionnaire. 16% of boys and girls in year 7, and 12% of boys and 18% of girls in year 9 reported high levels of psychological distress (Haines et al, 2002).

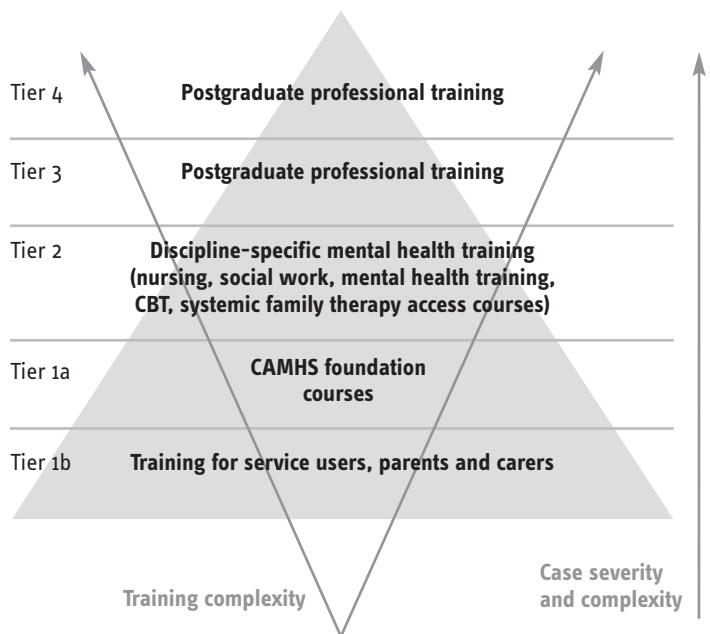
The number of Tier 1 staff serving a population of 75,000 children and young people may exceed 3,000. This course is designed to produce the **highest possible quality training to the greatest number over the shortest possible time**. The course may form part of a long-term, robust, knowledge strategy into Tier 1, upon which other, more specialised courses are delivered (see diagram opposite). We think that these kinds of courses are best run by local practitioners who have knowledge of local networks and the constraints facing local Tier 1 workers, rather than purchasing in what are often expensive trainings by external providers.

We have run the course as **five morning workshop sessions fortnightly**, and repeated it three times a year, following the academic term cycle of winter, spring and summer. All in all, 15 sessions are held per year. It is not always possible to follow the fortnightly pattern because of the need to avoid half-terms, but we have found consistency of times, place and format is important for the product to have identity in networks and to help diary booking and planning for visiting speakers. Given the intensive nature of the teaching we have found that mornings work best.

The course has two schemas running simultaneously; the first is the way in which the five sessions are described in advertising and flyers (a **first-order teaching-learning or core knowledge level**), and the second is the way in which the five sessions incorporate a set of generic skills and competencies (a **second-order teaching-learning or core skills level**).

Although the basic format of the course has remained the same, the manual is constantly evolving in response to new participant feedback and knowledge from other sources. It never stops changing.

The CAMHS training pyramid



Adapted from an original diagram by Peter Griffiths and Dr Caroline Lindsey for the Children's National Service Framework, 2003

Aims for the course

Tier 1 practitioner outcomes

- To empower practitioners working with the mental health issues of children and young people
- To improve practitioners' professional self esteem and to increase confidence in working with mental health issues
- To validate practitioners' existing skills, experience and knowledge
- To explore practitioners' values, developing an appreciation of difference and the client's world view
- To develop strategies for practitioners' self-care, to minimise stress and avoid burn-out

Local CAMHS service outcomes

- To delineate a CAMHS Tier 1 knowledge and skills base
- To introduce practitioners to the latest research on 'what works' with mental health problems
- To equip practitioners with a basic overview of diagnostics, research and epidemiology in CAMHS
- To improve inter-agency knowledge and partnerships
- To enhance collaborative work across disciplines, agencies and networks
- To improve the quality of referrals to CAMHS Tiers 2 and 3
- To minimise risk and improve children and young people's emotional health and wellbeing in the community

Improving the generic skills base of Tier 1 practitioners

- To know how to undertake mental health assessments and when to refer to specialist CAMHS
- To know how to examine the conditions and dynamics of change
- To know how to assess needs, risk and dangers
- To know how to convene Tier 1 mental health care planning and network meetings effectively
- To know how to utilise tried and tested generic communication skills in work with individuals and families
- To know how to engage and maintain client contact over longer periods

Skills and competencies: five basic tools

We think that it is possible to delineate five core generic skills that Tier 1 workers need to have in their personal 'toolkit' when assessing, referring on, and working with children and young people with mental health problems. These skills can constantly be woven into the didactic and experiential teaching on the course:

- 1 The ability to ask questions whilst maintaining high levels of rapport.** We feel that these two components are often in tension for the Tier 1 worker and that reflective listening skills need to be developed in order to both question and listen without compromising one or the other
- 2 The ability to make a basic assessment of needs and risks.** To know what questions to ask – in appropriate ways and responsive to context – and therefore to know when to 'hold' and when to refer on to specialist Tiers
- 3 The ability to convene a meeting effectively and with increasing confidence** with families, networks and small professional groups, in order to generate 'SMART-er' (specific, measurable, achievable, realistic, timed) care packages and reasonably clear outcomes. The ability to communicate effectively across agency boundaries and develop shared languages across sectors and teams
- 4 The beginnings of an ability to assess motivation, to recognise ambivalence, and work with client change strategies in more collaborative, more homeopathic and effective ways.** We see this as helpful in creating realistic outcomes, maintaining engagement and avoiding burn-out in staff
- 5 The beginnings of an appreciation of the power of basic transference processes and attachment dynamics.** We see this as helping participants have a beginning understanding of common relationship dynamics with clients

These are delineated, 'talked up' and woven into the learning points in exercises and role-plays.

Course structure

We have found that a Tier 1 training can most usefully be sequenced in the following order, one building on the other. The sessions will need to be described in a way which engages managers, supervisors and leaders in the agencies, teams and sectors at Tier 1. How you describe sessions may be different in your locality, but the following worked for us. One challenge is to find a language which works for different sectors, agencies and teams.

Session 1: Overview

Overview, research and the local scene

- An overview of the national and local CAMHS scene
- The tiered service structure, epidemiology, diagnostics, rates and incidence
- How your local CFCS works

Session 2: Assessment

Assessing mental health problems

- The nuts and bolts of assessment of risks and needs
- The multi-axial model and **predisposing, precipitating, perpetuating and protecting** factors (the four Ps)
- How to know when to **hold** and how to know when to **pass on** to specialist services
- Generating **multiple hypotheses** rather than seeking a **single cause**

Session 3: Family

Family interventions; working with complexity

- The core components of safe, effective, and empowering work with families, professional networks and groups
- The evidence from studies of the efficacy of common factors, what works and why, informed by user-feedback

Session 4: Individuals

Focusing on the child or young person

- The core components of safe, effective, and empowering work with individual children and young people
- The evidence from studies of the efficacy of common factors, what works and why, informed by user-feedback

Session 5: Review

Resources, innovation, survival, networks, evaluation

- The core components of **looking after oneself** professionally and avoiding burnout, staying fresh and creative
- Local CAMHS innovations, local resources, practitioner networks

Facilitator values and style

Our experience is that adults learn better and faster when they are in a training context which is fundamentally experiential and relational. New learning emerges from individuals participating in conversation in multiple and evolving contexts, and expanding their own repertoire by modeling, observing, engaging with others, and practising achievable skills. Our core value is that people do most of their learning in the local **contexts** in which they practise and that course content and ethos needs to be relevant and respectful to the **tasks** facing workers in the **multiple contexts** in which they are embedded. In this tradition individuals become resources for each other's learning, and these 'apprenticeships' flow continuously as staff interact with each other in joint activities. We are uncertain about 'high theory' as the foundation of expertise and we place significance on knowledge which develops from the theorising and practices of people interacting around common tasks.

We weave a continuous thread through the five sessions – that there is a gap between the theorising in professional mental health discourses and the accounts from service users about what they find helpful in the practices of staff they work with. We emphasise that **service users** appreciate services that are respectful, responsive, effective, relevant, efficient, enhance control and limit self-blame, above all else.

We draw the participants' attention to recent research showing that the **non-specific** or **common factors** in therapist attitudes and behaviour account for a greater proportion of therapeutic change than the therapist's model of change (Hubble, Duncan & Miller, 1999). We repeatedly point out the concordance between **service user accounts** of what works for them and the **common factors** in therapy meta-research.

There is often a great diversity within participants, from different professional cultures and agencies, speaking different professional languages and with different individual learning and processing styles. To keep everyone connected to a rapid learning experience, facilitators need to pay acute attention to the whole-group dynamic **and** to individual learning styles, and how the material and the **differences** in the way talk in the room is being understood.

All questions from participants need to be seen as learning **openings**. Facilitators take an active, appreciative teaching stance, being very much 'in the moment' as the flow of discussion unfolds. They need to be able to ask questions in ways that are appropriate for all concerned, whilst allowing space for linear learning. They should model a curious, appreciative, open, and reflective stance to the material. Their overall task is to respond to questions, curiosity and track themes in ways that value difference, keep multiple themes and hypotheses going whilst at the same time keeping to a core knowledge set.

We tend to work from the assumption that participants may be expecting mono-causal presentations and may also view Tier 2 and Tier 3 services as exclusive, out-of-touch ‘ivory towers’. It is vital therefore that invited speakers present their material in an up-beat, ‘connecting’ style, are able to situate their presentation within a multi-axial frame, and are able to be open and spontaneous, allowing the group to interject so that there is a conversational tone to the session.

We try to develop ‘practice models’ in the flow of conversation. We think the idea of the ‘practice model’ has great relevance and utility for Tier 1 staff – indeed, for specialist mental health services as well – particularly in a field top-heavy with multiple, and often competing, knowledge discourses. A practice model defines parsimoniously a sequence of steps that professionals take in reaching clarity and some certainty about taking a position or reaching a decision. They are not top-heavy with meta-theory, but model the best practice, in terms of decision-making, that clinicians perform. These models then become written into the manual, as it develops over time.

Meeting the needs of a culturally diverse population such as Newham’s is a continuing challenge for all local services including ourselves and we try to ensure that this dimension is addressed throughout this training in both content and group discussion. We are aware of the greater proportion of BME practitioners in Tier 1 than in Tier 3, as well as the over-representation of BME communities in compulsory treatments and the need for the training to be relevant to this context. We have found the **Young Minds** website www.youngminds.org.uk to be a valuable resource when addressing this.

When participants volunteer their own ideas about what works for them with clients, we try to feed back to them whether their ideas are backed up by research. We are particularly keen to delineate participants’ skills and actions that fit with:

- what we know from service user feedback
- what we know from the common factors research, and the evidence for generic counselling skills. We demonstrate the giving of recognition and affirmation to the participants.

The overall facilitators’ frame is to be as appreciative, generative, welcoming and praising as one can be without being patronising!

Summary: person specification for facilitators

- Facilitators will be experienced mental health professionals who are able to create empowering learning experiences for adults in group contexts
- They will have the ability to access stories from participants and give examples from their own practice
- They will have knowledge of all the main paradigms for mental health services at all Tiers and in the community
- They will have an appreciation of all the service models and have the ability to validate practitioners best practice without privileging one particular service model
- They will have an understanding of the constraints and working contexts of Tier 1 staff
- They will have an appreciation that learning arises from conversation in context, as well as didactic methods
- They will have an appreciation of the influence of difference and health equality issues in mental health services and be informed, comfortable and open to engaging in these issues. Facilitators are expected to take responsibility for ensuring that a diversity perspective informs all five sessions of the course.

You will need...

Having decided to roll out a foundation course there are a number of things training organisers need to have to launch successful training. One pressure is that the resources one needs to run a course that is repeated over and over again are extensive. So, basically you need a reasonably accessible **venue** with training equipment, and **two colleagues** who will support you, one to act as a co-facilitator and the other to act as a back-up in case of illness, making a core training team of three. We have found that we needed two facilitators in the training room to manage the intense learning experience generated by the multi-sector participants. You might also need **visiting speakers** for the didactic bits, **dedicated admin time**, **refreshments**, and the development of a range of **proformas** which can be used over and over again (letters reminding trainers of dates, invite letters, questionnaires etc). You could also develop a range of **OHP flimsies** or **PowerPoint slides** to support the teaching. These can form the basis of your own local Tier 1 training manual. Given the repeating nature of the course you might find it useful to develop a **database** of applicants from the start. This becomes helpful when reporting the impact of the course, locating gaps in stakeholders, highlighting networks etc. It is also useful to create a **store of handouts** which can be reused in successive courses.

This manual contains some examples of overheads, handouts and exercises we have developed for each session. We present our overheads and exercises here as guides... you may want to design your own set and make your own manuals, to fit with your context.

You may find the following **sources of information** helpful when planning your training:

- Trainers do need to acquaint themselves with the **Every Child Matters** agenda which can be found in great detail at www.everychildmatters.gov.uk
- In terms of CAMHS specifically, the **National CAMHS Support Service's** site is very good value for trainers particularly their useful links page at www.camhs.org.uk
- Check out the South and West Devon CAMH training website. Shelley Denison is CAMHS Training Manager for South Hams and West Devon Primary Care Trust. She also convenes the CAMHS National Trainers' Forum www.camhs.nhs.uk
- The national FOCUS email group is also a good resource for CAMHS trainers. To join, contact the Royal College of Psychiatrists' website www.rcpsych.ac.uk
- You need to track down your own local resources. In our locality we designed our own website www.camhsnewham.org.uk. Ways for your course participants to access knowledge of your local resources should be available

- There are some very good **emotional health and wellbeing toolkits for classteachers**, produced by Healthy Schools teams nationally. We distributed Newham's, which was based on the Leicester Healthy Schools toolkit, at the Tier 1 courses. It is very good and defines referral thresholds. Newham's can be downloaded from a link on the Newham CAMHS website at www.camhsnewham.org.uk and the Leicester one can be downloaded from a link at www.leicester.gov.uk
- Please feel free to use the **evaluation forms** we have developed, which are in line with the ECM agenda.

For **background reading** we recommend:

Sebuliba, D, and Vostanis, P, 2001, 'Child and Adolescent Mental Health Training for Primary Care Staff', *Clinical Child Psychology and Psychiatry*, 6, pp191-204

Hubble, M, Duncan, B, and Miller, S, 1999, *The Heart and Soul of Change: What Works in Therapy*, American Psychological Association

Davis, H, Day, C, and Bidmead, C, 2002, *Working in Partnership with Parents: the Parent Advisor Model*, London: the Psychological Corporation

- **Young Minds** have produced a wealth of useful information for trainers: particularly useful around service user involvement www.youngminds.org.uk (try googling 'young minds' and 'minority voices')

We have included a **full reading list** at the end of this manual on page 48.

Summary: what you will need to run this training

- Planning, preparation and review time
- Facilitator
- Two co-facilitators
- Visiting speakers
- Admin support
- Venue
- Refreshments
- Proformas and database
- OHPs or PowerPoint slides
- Overhead projector or projector and computer equipment
- Handouts
- Whiteboard or flip chart and pens
- Pens and paper for participants

Format for each session

Each session has **nine components**, but you may find that a different format works for you:

8.30–9am	Facilitators set up
9–9.30	Participants arrive and check in , with refreshments
9.30–10.45	An initial mix of review, exercises, interactive learning and didactic inputs , focused at the second-order teaching-learning level, led by the two facilitators
10.45–11	Break for refreshments
11–12 noon	A middle section of didactic inputs at the first-order teaching-learning level, led by visiting CFCS psychiatrists (Sessions 1 and 2), family therapists (Session 3) and child and adolescent psychotherapists (Session 4)
12–12.30	A final section of review and interactive exercises at the second-order teaching-learning level, led by the two facilitators
12.30–12.45	Feedback about the session and evaluation form, distribution of handouts
12.45–1.30	A well-deserved lunch!
1.30–2	Facilitators debrief

Although the basic format and themes for the course remain constant, some of the inputs, exercises and timings, particularly for the outside speakers, may change and evolve according to feedback and constraints. Keeping timings fairly structured allows visiting speakers to plan their time more coherently in advance.

Refreshments and lunch are important times for networking and knowledge gathering, particularly in view of the multi-agency composition of the group.

Preparation, logistics and admin support

This training has a wide market. Letters inviting application and flyers, with a reply slip you can tear off, need to be sent to health and social services, education and third sector managers not less than three months before the first tranche. Alternatively email the application form as a Word document. We try to send an initial email and follow-up to leaders, managers and supervisors in all the sectors inviting them to cascade to their agencies and teams. An up-to-date database of source agencies is vital but not always available (indicative in itself of the kind of creative questions such trainings pose to CAMHS networks locally). Later on, word of mouth has an important function in cascading information about the course.

Admin support is critical and will be needed to process returned applications, by post, email and telephone.

As tranche succeeds tranche a number of logistical problems arise necessitating admin support and databasing. The first is that accurate and simple records need to be kept, so that trainers can field enquiries, titrate capacity and take-up problems, sort or 'weight' for agency spread, slot in people returning to make up sessions missed etc. A user-friendly database set up early on prevents problems, jams and road-crashes later. As news spreads about the course, demand will grow necessitating the creation of a waiting list. Good databasing, allows speedy replies to be given to senior managers in different sectors, who may be requesting information urgently on attendance demographics to assist in compiling reports for service planning cycles.

As well as standard letters and flyers to managers, other documents include: letters of acceptance, letters of rejection or notification of a waiting list, letters to internal or external outside speakers confirming dates, and certificates.

A start of course questionnaire is provided on page 9. You might like to email or post this to participants before the course begins.

Admin support is also needed in preparing each session with the facilitators. Tasks include: checking refreshment delivery, photocopying handouts, and preparing an attendance register. Additionally it is needed for reception duties as trainees arrive, and ushering latecomers.

We think that high-volume, continuously-recurring training needs, as a bare minimum, a core facilitating team of three people, plus admin. Two people are needed in the room as ongoing facilitators, with a third diaried as a back-up, in case of illness. The three people form the core team that takes care of the ongoing logistics and planning of each course.

Session opening slides

We project these OHPs/PowerPoint slides at the beginning of each session to set the tone for the topic we will be working on...



Session 1 Overview

1

Overview, research and the local scene

This session provides an overview of the CAMHS scene with national and local demographics, epidemiology, incidence, rates, diagnostics, nosologies, criteria for holding/referring on, the four Ps (predisposing, precipitating, perpetuating and protecting) and severe-complex-persistent as a Tier 3 referral marker. States the trainers' overall teaching-learning values. Connects the theme of the participants' best practice to core counselling skills. Introduces common factors theme. What Tier 2 and Tier 3 services look like, rationale, organisation etc.

Agenda

From facilitators:

Welcome

Initial point The gap between mental health discourses and what service-users say

Establishing the course learning philosophy OHPs or PowerPoint with the aim of getting all participants 'on board' the participative learning model

What Tier 2 and Tier 3 services are all about CFCS-CAMHS

Exercise 1 (Resource 1.13) In pairs... 'Tell a story...' (derives story of participants' best practice and connects these to core counselling skills)

Feedback from exercise on to whiteboard or flipchart

Acknowledged as 'writing a handbook' and positioned as common factors

Break for refreshments

From visiting psychiatrist:

Interactive lecture CAMH overview, the main diagnostic nosologies, incidence, etc

From facilitators:

Exercise 2, 3 or 4 (Resources 1.14–1.16) On learning

Evaluation

Lunch

Handouts

- All resources
- Something on:
 - basic reflective listening
 - race, culture and mental health
 - diagnostics, incidence and epidemiology/rates
 - local rates (see **Resource 1.12**)
- Session evaluation form (see page 45)

Homework

'Notice one moment when you really connect with a client and help things move on, stay with that moment and ask yourself what you did that helped.'

Tips for facilitators and learning points

It is important that everyone gets on board in the first session. The style of presentations should be welcoming, up-beat, relaxed and enthusiastic; connections made with everyone: whole room addressed. Participants should be invited to view themselves as having expertise, skills and knowledge. Psychiatric nosologies should be positioned as useful for making distinctions and only more or less useful, rather than 'things in themselves'. Diagnostics should be de-mystified and related to local incidence so that participants view themselves as working in a unique environment. 'Ah! I didn't know that!'. Bottom-up knowledge should be particularly valued. 'We're creating a manual together.' A link should be made between service user feedback and common factors. The value of reflective listening should be emphasised and modelled. Tiers and levels of risk and referral thresholds should be clarified.

Learning objectives

By the end of the first session participants will have:

- considered the outline of the course, the overall epidemiology of CAMHS nationally and locally and the main diagnostic categories, referral thresholds, and the gap between mental health discourses and service user feedback
- discussed examples of their own best practice in the context of 'what works'
- reflected on the value of their own contribution to good mental health
- begun to notice those times when they are able to connect to clients in helpful ways
- been provided with presentation and supporting materials and given a session evaluation.

Resource 1.1

Resources 1.1 to 1.10 are all provided as examples of resources for OHPs or PowerPoint slides, or handouts. You may find them useful as they are, or wish to adapt them for your locality.

Our basic values...

Resource 1.1

1.1

Our values

Connect to our clients
and stay connected

Develop curiosity

Maintain respect

Challenge whilst being
supportive

Resist prescribing change
for our clients

Work with difference

Notice small changes

Maintain hope

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called Building Collaborative Networks in Child and Adolescent Mental Health produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Resource 1.2

Resource 1.2

1.2

- 1 Do the theories we hold help us stay tuned into our needs and also to the needs of our clients?
- 2 How does this or that model, theory or practice 'see' people?
- 3 How does it press you to conduct yourself with people who seek help?
- 4 How does it have them see themselves?
- 5 Does it invite people to see themselves as experts on **themselves** or the worker as an expert?
- 6 Does it divide and isolate people or give them a sense of community and collaboration?
- 7 Does the model require the client to enter the **worker's** world or does the model require the worker to enter the world of the **client**?

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called Building Collaborative Networks in Child and Adolescent Mental Health produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Resource 1.3

Acknowledges participants' position...

Resource 1.3

1.3

Frontline workers with children and families...

Face daily scrutiny, uncertainty and interruption

Work across many systems and boundaries

Are both insiders and outsiders

Experience high stress levels

Adopt multiple roles

Show great creativity, ingenuity and resilience

Show great persistence

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks in Child and Adolescent Mental Health** produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Resource 1.4

Resource 1.4

1.4

Aims and objectives of this course

To give frontline workers time out for reflection and evaluation

To enable workers to share what colleagues in other teams are doing, in order to cascade good practice

To define what is respectful and effective communication between workers in different contexts

To share the latest research and evidence-based practice

To work towards a consensus about the generic skills base for child and adolescent mental health work, whilst valuing difference

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks in Child and Adolescent Mental Health** produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Resource 1.5

A new knowledge is needed, drawn from the borders... knowledge is often locked up in disciplines... clients and staff are often faced with multiple discourses... how do we make sense of professional proliferation?

Resource 1.5 1.5

Medicine
 Therapy/counselling Teaching
 Health visiting Education welfare
 Psychology Client Nursing
 Occupational therapy Social work
 Special education

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Resource 1.6

Issues of difference...

Resource 1.6 1.6

The social... GRAACCES

Gender
Race
Age
Abilities
Class
Culture
Ethnicity
Sexual orientation

Adapted from Alyson Roper-Hall
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Resource 1.7

Issues of difference...

Resource 1.7

1.7

Working with difference

In working with mental health issues we are influenced by many different beliefs and experiences

Gender, race, religion, age, ability, class, culture, ethnicity and sexuality are the many strands that create difference

Each one of these strands is important and can become foreground or background at different times

Rather than thinking of them as a list we can use them like a zoom lens to 'foreground' one aspect and allow others to become background and so on

This can be a dynamic process where our focus moves in and out in response to changing events and our thinking

This keeps us alive to the complexity of difference

Burnham and Harris, *Perspectives on Supervision*, edited by Campbell, D & Mason, B, Karnac Books London 2002
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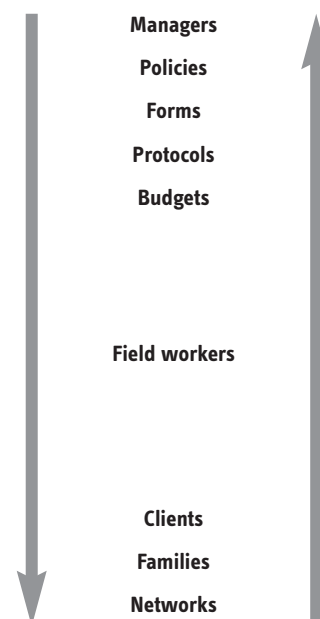
Resource 1.8

We often experience a top-down pressure in terms of knowledge, values and protocols, but bottom-up knowledge is equally important and both have a relationship with each other.

Resource 1.8

1.8

Two types of knowledge flow



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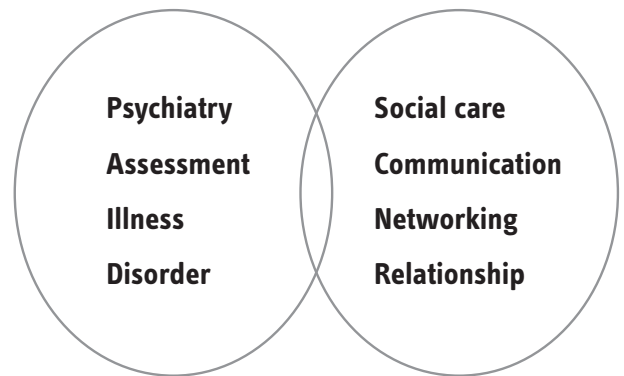
Resource 1.9

**We all have different observer positions...
we operate in multiple domains...
and need to respect both...**

Resource 1.9

1.9**Domains**

Reality is negotiable
Description is subjective
Diagnosis is on a continuum
There are multiple cultures,
and psychiatry is one of them



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Resource 1.10

Our workshop rules...

Resource 1.10

1.10**Our workshop rules**

- Respect difference
- Listen to quiet voices
- Listen appreciatively
- Don't talk about client material outside
- Respect participants' personal stuff
- Challenge respectfully

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Resource 1.11

The course outline...

Resource 1.11

1.11

Course outline

Session 1 **Overview**

Overview, research and the local scene

Session 2 **Assessment**

Assessing mental health problems

Session 3 **Family**

Family interventions; working with complexity

Session 4 **Individuals**

Focusing on the child or young person

Session 5 **Review**

Resources, innovation, survival, networks, evaluation

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Resource 1.12

This is about Newham, but you might like to adapt the Word file on the CD for your local demographics.

Resource 1.12

1.12

Statistics

- Newham has the largest population of children and young people in East London and the fastest predicted rate of increase over the next few years. There are now 80,000 children and young people between the ages of 0 and 18 years
- 20% prevalence rate for mental health issues
- 7–10% have moderate to severe problems
- 2% have severe and disabling problems
- Prevalence is rising, especially for depression
- But only 10–15% get treated and only a fraction of those by specialist services
- In a population of 250,000 of which 20–25% is 0–18, expect between 5,000 and 12,000 children to have a mental health disorder at any one time. This number can be twice as high in inner cities
- In an average secondary school of, say, 1,000 pupils, expect 50 young people per year to get seriously depressed
- About 30 young people per year in Newham have episodes of serious mental illness, some of which require hospitalisation

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Resource 1.13 Exercise 1

This sample exercise is to help us 'blow our own trumpets' in order to learn the tune so that we can play it again.

Divide the group into pairs. Hand out **Resource 1.11**.

Participants should take it in turns to tell a story, 8 minutes each.

Ask person 1 to tell a story about a client or family they really felt they helped, where they felt they facilitated positive change in the client.

The listener's role is to facilitate the telling of the story by listening in an appreciative way, and reflecting on what they're hearing. When they are listening, it's important for them to be respectful in all their communications, to avoid offering criticisms, suggestions or alternatives. The aim of the storytelling is to identify what brought about change, and whether these were big or small things. Attention to detail, exploring and reflecting can bring about a richer understanding of what they have achieved and how they achieved it.

All too often we don't take the time out to appreciate what we achieve and learn about what we do right. If things go wrong we tend to be ready to blame – ourselves, the client, the situation, the lack of resources and sometimes to feel despairing. Taking the time to learn what we do right helps us to be our own observers and repeat our successes.

Resource 1.14 Exercise 2

On learning...

Exercises 2, 3 and 4 are interchangeable, only one is needed for this session.

Resource 1.13

1.13

Exercise 1

In pairs, 8 minutes then swap

Guidance for person 1, the storyteller:

Tell a story about a client, pupil, patient or family you have worked with... a person/people you really connected with... whom you helped, perhaps in a crisis

Guidance for person 2, the listener:

Listen reflectively and appreciatively, and as you are listening consider the following questions:

- What did the worker do to connect to the person(s)?
- What qualities, strengths and attributes did the worker show?
- What did the worker focus on in their work with the person(s)... how did the way s/he worked help get a good outcome?
- What did the worker do to move the client on?
- What do you think the client appreciated most?
- What were the worker's theories about what was going on?
- What other ideas, themes and questions arise for you as you listen to this story?

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Resource 1.14

1.14

Exercise 2

In groups of five consider the following questions:

- 1** What ideas have you heard today that you feel would be useful to remember in relation to your current professional role?
- 2** In what ways would you like to incorporate these into your practice?
- 3** Think of a child you are currently working with who you feel could benefit from these ideas

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Resource 1.15 Exercise 3

Resource 1.15

1.15

Exercise 3

In groups of three:

- 1** Each tell a brief story about a client(s) you are currently working with
- 2** In thinking about these stories, what ideas have you heard this morning that you would find helpful in moving things forward?

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Resource 1.16 Exercise 4

Resource 1.16

1.16

Exercise 4

Questions for small groups:

- 1** Do you come across children, young people and families where mental health is an issue?
- 2** How is it a problem, in your experience?
- 3** What aspects of mental health and mental health services are you most interested in?
- 4** Can you think of two things that a child, young person or parent in psychological distress would most hope for or most fear in meeting a professional?

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Session 2 Assessment

2

Assessing mental health problems

This session affirms common factors (see Hubble, Duncan & Miller, page 48). Outlines the bare bones of a CAMHS assessment. Covers non-specific factors that aid assessment. Covers tension between asking questions and staying in rapport. Outlines the four Ps (predisposing, precipitating, perpetuating and protecting). Recapitulates markers for referral thresholds. Unpacks in user-friendly and demystifying ways the core Tier 3 assessment process. Affirms the importance of questioning in a non-blaming manner.

Agenda

From facilitators:

Welcome

Revisit the manual of common or non-specific factors derived from 'tell a story exercise' in Session 1. Ask for ideas that participants have had since last session

Key points from OHPs or PowerPoint slides Assessment process is not primarily about ticking boxes but about asking non-blaming questions whilst maintaining rapport; reduce self-blame; constraints; main paradigms in which knowledge is 'captured'; safety issues

Exercise 1 (Resource 2.10)

'You are about to see a 14-year-old...'

Break for refreshments

From visiting psychiatrist:

Interactive lecture On nuts and bolts of assessment; the four Ps; why now?; different levels of context; referral thresholds; simple CAMHS assessments and 'psychiatric assessments'. Case example.

From facilitators:

Exercise 2 (Resource 2.11) 'Thinking about what you've heard today...'

Evaluation

Lunch

Handouts

- All resources
- Resource on basic themes and components of a CAMHS assessment (see chapter 1 of Goodman & Scott 1997)
- Session evaluation form (see page 45)

Homework

'Notice one moment when you really connect with a client and helped things move on, stay with that moment and ask yourself what you did that helped.'

Tips for facilitators and learning points

It is important that messages about apologies for any participants' absence are given. The style of presentation should be up-beat, relaxed, enthusiastic; connections made with everyone: whole room addressed. Participants are invited to view themselves as having expertise, skills and knowledge. Psychiatric nosologies are positioned as useful for making distinctions and only more or less useful, rather than 'things in themselves'. Importance of generic non-specific factors in good interviewing stressed. Questions and rapport dilemma stressed. Referral thresholds repeated. Frame is: what are the 'middle level' rather than 'high theoretical' practice maps that anyone might find useful in making decisions? De-mystifying.

Learning objectives

By the end of the second session participants will have:

- considered the main themes and components of a CAMHS assessment and the non-specific factors in developing rapport and asking questions
- discussed examples of their own best practice in the context of assessment
- reflected on the value of their own contribution to good assessments
- begun to notice those times when they are able to connect to clients in helpful ways
- been provided with presentation and supporting materials, given session evaluation.

Resource 2.1

Resources 2.1 to 2.9 are all provided as examples of resources for OHPs or PowerPoint slides, or as handouts. You may find them useful as they are, or wish to adapt them for your locality.

Resource 2.1

2.1

If we learn to
work together better,

we can access enormous
experience and **expertise.**

Our task is to work
collaboratively across agencies,

in order to use **all** our experience,
to help bring about

a **better outcome** for our clients.

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Resource 2.2

Resource 2.2

2.2

Five golden rules

- If it ain't broke, don't fix it
- If it ain't working, do something different
- If it is working, continue doing it
- Show lots of respect and curiosity
- Small is beautiful

Empathy

- Acceptance facilitates change
- Skillful reflective listening is fundamental
- Ambivalence is normal

Five golden rules adapted from de Shazer, S. 1985, *Keys to Solution in Brief Therapy*, New York: Norton. Empathy from Miller, R and Rollnick, S. 1991, *Motivational Interviewing: Preparing People to Change Addictive Behaviour*, New York: Guilford, p56
Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks** in Child and Adolescent Mental Health produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Resource 2.3

Resource 2.3

2.3

Seven constraints

- Powerlessness
- Professional proliferation
- Professional theory building
- Timelessness
- Expectations of chronicity
- Catastrophisation
- Stigmatisation

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Resource 2.4

Resource 2.4

2.4

Stay in rapport...
and **ask questions**

Sameness...
and **difference**

There is a lot of evidence
from **research***
that just asking **open, neutral**
questions
in a **highly respectful** manner,
can aid **cooperation**
and aid **achievable goal-setting**

* See Hubble, M, Duncan, B and Miller S, 1999, *The Heart and Soul of Change: What Works in Therapy*, American Psychological Association
Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks in Child and Adolescent Mental Health** produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Two core tensions:

- Rapport and questions
- Sameness and difference

Just keep it simple...

...do no harm...

Resource 2.5

The powerful effect of asking different kinds of questions...

Resource 2.5

2.5

Linking meaning with behaviour by asking 'why' and 'how' questions

'Why' questions move you up to the level of **belief**

'How' questions move you down to the level of **action**

You need to move continually between the two

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Resource 2.6

The kinds of useful questions the practitioner can ask him/herself

Resource 2.6

2.6

Core assessment questions to ask myself

- 1 Why has this person or family come to me now?
- 2 What does s/he/they really want?
- 3 What is the problem now?
- 4 What is contributing to the problem?
- 5 What support and resources does the person or family have?
- 6 How has s/he/they coped in the past?

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Resource 2.7

The basic themes and questions in the different types of mental health assessment are covered... so with a CAMHS assessment it is important to know the severity and persistence of the problem, in a DSH assessment it is important to know the context, in a substance misuse assessment it is important to know 'how much?', in a risk assessment it is important to ascertain the history... but the main thrust of the teaching can be reserved for the CAF...

We also like to teach some of the general thinking behind the types of questions asked...

Resource 2.7

2.7

Themes and questions in:

- a CAMHS assessment
- a DSH assessment
- a substance misuse assessment
- a risk assessment
- the Common Assessment Framework

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Resource 2.8

More ways to think about categorising information...

Resource 2.8

2.8

How mental health problems are assessed

Thoughts (cognitive)

Feelings (affective)

Behaviour (what people do)

Context (systemic – relationships/social)

Biological (autonomic)

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Resource 2.9

The four Ps...

Resource 2.9

2.9

How mental health problems are assessed: time

Predisposing

Precipitating

Perpetuating

Protecting

Why now?

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Resource 2.10 Exercise 1

Resource 2.10

2.10

Exercise 1

You are about to see a 14-year-old young man and his mother who have been referred to you by a colleague. The colleague's note says:

On your way to see them you think about how you will conduct the first interview.

Please see Joe and his mum. He has not attended school for some weeks. He has problems with drugs and alcohol. He seems a bit down and his mother is very worried about him. Thank you.

- What areas will you want to cover in the interview?
- What questions will you ask?
- What areas do you most want to know more about?

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Resource 2.11 Exercise 2

Resource 2.11

2.11**Exercise 2**

Divide into small groups.

Thinking about what you've heard today, address the following two questions:

- 1 Which ideas or information did you find the most useful and see yourself taking back to your place of work?
- 2 Which ideas or information would you like to incorporate into your own practice?

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Resource 2.12 Exercise 3

Resource 2.12

2.12**Exercise 3**

In small groups:

When meeting with a family, where you have concerns about their daughter or son and would like to refer them to CFCS, what information would you think it was important to include in the referral?

You could make up a scenario or use one from your own experience

In your current role and during the process of the referral of a child to CFCS how do you think you could facilitate the family's attendance.

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Session 3 Family



Family interventions; working with complexity

This session focuses on the skill of effectively convening meetings with two or more people and then moves to issues around working with families. It also recapitulates the need for workers to pay attention to self-blame and the context for help-seeking. The session emphasises Hubble, Duncan & Miller's meta-research on the common factors which show that 15% of change in therapy is due to specific factors and 85% due to non-specific factors. Also emphasised are the messages from research that validate strategies for enhancing resilience, minimising blame and treating clients with respect. How to create a care package. The importance of asking open, non-blaming questions.

Agenda

From facilitators:

Welcome

Exercise 1 (Resource 3.9) 'Yesterday you had a call from...'

OHPs or PowerPoint cover research about what works, Hubble, Duncan & Miller's research, care planning, handy questions for network meetings, an eclectic family model

Break for refreshments

From visiting family therapist:

Interactive lecture On systemic family therapy: what it is, how it works, followed by brief role-play

From facilitators:

Feedback

Evaluation

Lunch

Handouts

- All resources
- Hubble, Duncan & Miller
- Handy questions
- Something on diagnostics, incidence and epidemiology/rates
- Something on systemic family therapy principles including cultural difference
- Session evaluation form (see page 45)

Homework

'Notice one moment when you really connect with a client and helped things move on, stay with that moment and ask yourself what you did that helped.'

Learning objectives

By the end of the third session participants will have:

- considered the issues around working with meetings, groups and families and the non-specific components of 'what works', informed by service user feedback. Had a basic introduction to systemic work with families
- discussed examples of their own best practice in the context of working in complex systems
- reflected on the value of their own contribution to good work with families and in meetings with groups
- begun to notice those times when they are able to connect to families and groups in helpful ways
- been provided with presentation and supporting materials and given a session evaluation.

Resource 3.1

Resource 3.1

3.1

Research: what works

- Enhancement of self-esteem, social connection, autonomy, control
- Support, safety, compassion and absence of conflict
- Social support systems that are consistent, safe and encourage personal coping
- Challenging
 - powerlessness
 - blame and self-blame
 - professional proliferation (networks should be minimally sufficient)
 - chronicity
 - stigma and scapegoating
 - catastrophisation
- Acknowledging loss and guilt
- Enhancing resilience
- Maximising responsibility and competence

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Resource 3.2

Resource 3.2

3.2

Research consistently shows that...

...asking questions which elicit **strengths** and **goals**, and giving **positive feedback** is...

an **active intervention**...

and **enhances motivation** and **collaboration** over time

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Resource 3.3

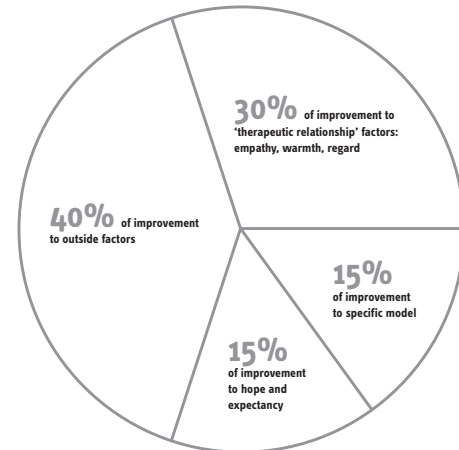
Resource 3.3

3.3

Common (non-specific) factors in therapy

Specific treatment factors account for only a small percentage of the overall outcome variance...

So it's not the 'model' of therapy that counts



Adapted from Asay & Lambert, 1999

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Resource 3.4

Resource 3.4

3.4

Facilitating elegant meetings with families and networks

Where?	Safe, user-friendly, positive environment
Who?	Minimum sufficient network and significant persons: <ul style="list-style-type: none"> - those who really connect to the client(s) - those who can help achieve clients' goals and your goals - drawn from professional, voluntary, family, friendship and faith groups
When?	Negotiate with sensitivity and family constraints Negotiate with culture, kids and workplace constraints Use telephone and text
Goals	Achieve collaboration Decide who can decide what Define needs and resources Define achievable fit between needs and resources Define who does what, with what frequency and how
Chair	Sensitively Respectful of difference
Questions	Ask questions which elicit high quality information. They can be about: <ul style="list-style-type: none"> - context - needs - resources - relationships - problems - successes - predictions - risks
Draw together points	Respect difference Get agreement Air complaints and grievances Ensure people feel heard
Summarise plan	Plan should say who is doing what, with whom, with what frequency and where, and review plan

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Resource 3.5

Resource 3.5

3.5

Plan evaluation

SMART (specific, measurable, achievable, realistic, timed)

User-friendly

Responsive to feedback

Risk assessed

Relapse pattern, markers and predictions

‘Anything which can go wrong may go wrong’

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Resource 3.6

Resource 3.6

3.6

An eclectic family systems intervention for working with families and networks

- 1 Always assume that families **will assume** that the meeting means that they are at fault... so acknowledge strengths and resources
- 2 Join, engage, establish rapport
- 3 Give coherent and explicit rationale or explanations for the meeting
- 4 Ask questions which do not carry implications of blame: open, neutral questions
- 5 Questions should carefully track the effect of the problem on the family or network and conversely the effect of the family or network on the problem
- 6 Ask each person present, including professionals, about their different beliefs and attitudes
- 7 Be prepared to acknowledge the reality of loss, grief, change, life cycle issues, and difference
- 8 Excavate stories which show past successes and challenges
- 9 Search for current differences and successes, however small and frame these 'SMART'ly
- 10 Establish future markers for success and future markers for relapse or failure. Predict future problems
- 11 Arrange next session as 'review' or 'reporting back'

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Resource 3.7

Resource 3.7

3.7

Handy questions for family or network meetings

- What are the needs, dilemmas, problems or worries?
- Who is in the network? How does the network connect?
- Who is not present and what hypotheses do we have about that?
- What would have to happen for this meeting to be useful?
- Before the problem, what was happening for the client and family? Do they want life to continue like that? What bits do they want to be different, and which the same?
- How do people feel about meeting today? How do they really feel?
- Is there anything that can be done to make people feel less worried?
- Are there any complaints?
- When things are going well, what tells x/y/z that things are going well?
- How did they or you prevent things getting worse?
- We view families as resources: what are the strengths that this family has and how have these strengths been engaged to good effect in the past?
- Can these strengths be utilised in the future?
- Who can decide what, when and how?
- Is the latter clear to all?
- Will the structure for decision making change over time and if so, can we predict how?
- What are the clients, relatives and professionals different attributions of the problem? Do they fit?
- If so, is that a problem for somebody?
- If not, would making a better fit help?
- What are the available resources? What has to happen to connect clients to the resources?
- Will these resources make what difference? To whom? How?
- Between now and the next meeting what will people be observing that will tell them that things are moving in the right direction?
- Sounds like it's going better now. What would happen for you to think 'oh it's all gone backwards?' and what would you do to patch that back up?
- If zero is what things were like before the problem and 10 is the worst things can get, where on this scale are you now?
- If 5, what would have to happen to move from 5 to 4?
- What have people noticed happen that they want to continue happen/not happen?
- If 10 is the way you want things to be, and 0 is the worst things can get, where are you now, compared to the last meeting?
- What explanations are there for differences noticed since the last meeting?
- Who is the least and who the most hopeful?
- How would people know that things are going well in the future? What would keep that process moving forward?
- Is everyone clear who is doing what, when and how?
- When and where will the plan be reviewed?
- Who will convene the next meeting?
- Is the person who will convene the next meeting clear what the strengths and resources of the child and family are?

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Resource 3.8

Resource 3.8

3.8

Internal 'check' questions for family or network meeting facilitators

- What meanings does the context of the meeting hold for participants personally, privately, possibly?
- What are the different perceptions and beliefs about the cause of the problem?
- Are the local and cultural knowledges of the family and community really getting expressed, validated and taken into account?
- Am I really paying attention to my own biases regarding difference?
- Are we implicitly blaming rather than discovering resources?
- Who 'owns' change?
- Is the client really a customer for this?
- Is difference getting valued?
- Is there a fit between the professional's and the family's understanding of the plan, etc?
- What are the markers for knowing risk to family, child and community?

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Resource 3.9 Exercise 1

Resource 3.9

3.9**Exercise 1 Exploring X**

In pairs, think of an issue or problem in your life that you would like to change. It may be a small problem like having difficulty getting to work on time or a bigger problem, such as arguments with a colleague or family member. Call this issue or problem X.

Don't tell your partner what X is.

Take in turns to interview each other for approximately 5 minutes each about X.

You may want to ask questions like:

- How long have you been concerned about X?
- When did you first become aware of X?
- What impact is X having on your work life, home life, health and happiness?
- What would have to change for X to stop happening?
- Are there times when X doesn't feature in your life at all?
- What would life be like without X?

Following your interviews take a few minutes to talk about the outcome of your conversations together.

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks in Child and Adolescent Mental Health** produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Resource 3.10 Exercise 2

Resource 3.10

3.10**Exercise 2****In pairs...**

- 1** One or two attitudes or beliefs about education in your family of origin
- 2** One positive and one negative experience in a relationship with a teacher when you were a child. What factors do you think contributed to those experiences without being positive or negative?

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks in Child and Adolescent Mental Health** produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Session 4 Individuals



Focusing on the child or young person

This session presents a generic model for working with parents, carers and young people where there are stuck patterns. Working with future questions. Motivational interviewing and its generic application (Miller & Rollnick, 1991). Core challenges of working with marginalised and excluded young people. Externalisation as a model for reducing take-up of blame and self-blame. The dilemmas of change. The beginnings of a guide to attachment, trans-generational issues and transference.

Agenda

From facilitators:

Welcome

Run through a Cook's tour of... a generic model for challenging stuck patterns, future questions, externalisation, motivational interviewing, tracking marginalised young people

Exercise 1 (Resource 4.7) 'Think of a pattern...'

Feedback

Break for refreshments

From visiting psychotherapist:

Case example(s) to illustrate attachment, trans-generational issues and the power of transference and counter-transference processes

From facilitators:

Feedback

Evaluation

Lunch

Handouts

- All resources
- Something on generic counselling
- Something on basics of child therapy
- Something on talking to children
- References for Michael White, Miller & Rollnick, Prochaska & DiClemente, Casement
- Session evaluation form (see page 45)

Homework

'Notice one moment when you really connect with a client and helped things move on, stay with that moment and ask yourself what you did that helped.'

Learning objectives

By the end of the fourth session participants will have:

- considered the issues around working with individuals who feel stuck in unhelpful patterns, and the value of the motivational interviewing method. They will also have an introductory tour of transference processes, and the effect of powerful feelings generated in the helper
- discussed examples of their own best practice in the context of working with individuals
- reflected on the value of their own contribution to good work with individuals and the value of persistence in staying connected to vulnerable young people
- begun to notice those times when they are able to connect to individual clients in helpful ways
- been provided with presentation and supporting materials, given session evaluation.

Resource 4.1

Resource 4.1

4.1

A generic interview

- 1 Establish rapport
- 2 Talk about past hospital admissions, episodes or using substances. Either back in time from most recent, or forward in time from first remembered. Focus on sequences which did not culminate in the problem
- 3 Where was s/he? Who was the first to know? What happened next? When did mother/father/sister/friends find out?
- 4 Next, questions are asked of how the habit or episodes connect with other sequences, cycles or events in the client's life. Who was most affected by the episode or habit at that point? How did you manage to successfully challenge the admission, episode or habit at point x but not at point y?
- 5 This kind of questioning develops rich information about the sequencing of events, their meaning and the patterns involved... a story is developed
- 6 Similarities and differences between social stressors and episodes or habits are explored
- 7 Search for examples when the client resisted or challenged the habit etc
- 8 These examples are rated between zero and 10 across the different episodes or descriptions
- 9 Ambivalence is continually searched for:
 - Advantages and disadvantages
 - Costs and gains

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks in Child and Adolescent Mental Health** produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Resource 4.2

Resource 4.2

4.2

What works with marginalised young people?

- Persistence
- Planning
- Slow engagement
- Pacing
- Widening the network
- Addressing issues of safety
- Working with friends, mates and crews
- Curiosity and empathy
- Multi-skilling
- Access
- Befriending and mentoring
- Use of self
- Humour
- Long-term or 'brief' long-term
- Challenging network myths
- Small changes or 'green shoots'
- Consistency
- Building trust
- Using casual contacts and non-institutional contexts
- Focusing on survival strengths

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks in Child and Adolescent Mental Health** produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Resource 4.3

Resource 4.3

4.3

Future questions

- Suggest change is possible
- Rehearse possibility of change
- Challenge no-hope stories
- Emphasise being responsible for something
- Graft past successes onto futures
- Future mapping challenges chronic no-hope
- Setting highly specific goals influences outcome positively
- Research shows that goals the client perceives as achievable and difficult are more likely to be met than vague or easy-to-meet goals

Adapted from de Shazer, S, 1985, *Keys to Solution in Brief Therapy*, New York: Norton

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks in Child and Adolescent Mental Health** produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Resource 4.4

Resource 4.4

4.4

Externalisation

- The problem itself is externalised so that the young person is not the problem
- The network, family and individual are encouraged to protest about the ways in which they have been compelled to 'cooperate' with school phobia, drug-taking, disrespectfulness etc
- What effect has school phobia, drug-taking etc had on your lives and relationships?
- What habits has this problem been most dependent on?
- What habits has this problem encouraged in the lives of the family and the young person?
- This way of talking to a young person positions the problem outside of the young person so s/he can take a different relationship to it

Adapted from White, M and Epston, D, 1990, *Narrative Means to Therapeutic Ends*, New York: Norton

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks in Child and Adolescent Mental Health** produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Resource 4.5

Prochaska & DiClemente (1982) and Miller & Rollnick (1991) provide the best model of the challenge of change with their concept of motivational interviewing...

Resource 4.5

4.5

The challenge of change

- Assume that if people could change they wouldn't be sitting in front of you
- Assume that ambivalence and dilemmas are normal
- Assume that people struggle with change and ambivalence all the time
- Assume that people do change all the time, without recourse to professional help

So...

- If someone resists your invitation to change, explore their ambivalence and dilemmas
- If you explore ambivalence respectfully research shows that this effects motivation positively
- You can therefore stop talking about the problem and talk about the client's different internal attitudes about the problem: their motivation. This stops both client and worker feeling worse and worse and opens up a space to talk about the choices the client is making and could make

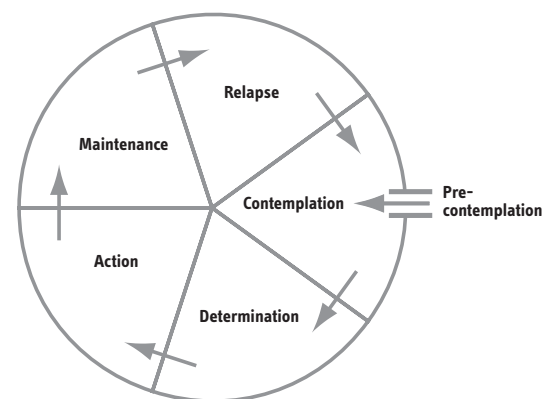
Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called *Building Collaborative Networks in Child and Adolescent Mental Health* produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Resource 4.6

Resource 4.6

4.6

How to work with motivation



Pre-contemplation Discuss beliefs, explore costs and gains, raise doubts

Contemplation Clarify dilemmas, describe reasons to change and risks of not changing

Determination Talking about readiness, reinforce best course of action

Action Support client to take steps towards change

Maintenance Identify and use strategies to prevent relapse into old pattern

Relapse Renew process of contemplation, determination and action

Adapted from Prochaska & DiClemente 1982

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called *Building Collaborative Networks in Child and Adolescent Mental Health* produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Resource 4.7 Exercise 1

Resource 4.7

4.7

Exercise 1

Think of a pattern or habit you are trying **not** to be dominated by

Describe a future time without the pattern. What would life be like? How would you know you are without the pattern? How would others know?

What would be the first sign that the pattern was returning? How would you know? How would others know? What effect would the returning pattern have on you?

What could you do to challenge the returning old pattern? What personal strengths would you draw on, to be able to challenge it?

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks in Child and Adolescent Mental Health** produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Resource 4.8 Exercise 2

Resource 4.8

4.8

Exercise 2 Motivational interviewing

In pairs:

First...

Take it in turns to select a client you are currently working with. Do this fairly quickly without thinking too much about their issues. Spend 2–3 mins telling your partner about this client. Then together, using Prochaska & DiClemente's **model of motivation**, decide where you think your client is in relation to the stages of change

How might this inform your future work with this client?

And then...

Think about a habit or pattern you want to change

Discuss with your partner where you think you are in relation to the stages of motivation in the P&D model

How might this understanding inform your future approach to the habit or pattern?

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks in Child and Adolescent Mental Health** produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Session 5 Review

5

Resources, innovation, survival, networks, evaluation

This is very much a 'pulling together' session; the main learning points are reiterated, particularly the 'derived core skills' from the first morning. Participants do a long exercise on their own personal and professional development. Sometimes short lectures are given on specific topics requested (such as parenting, self-harm, school refusal). Innovative local projects are invited to make presentations. Burnout avoidance strategies are highlighted, particularly in times of crisis. Email addresses are swapped for opportunities to make contact after the course. Certificates are issued. The course is evaluated as a whole. Available CAMHS resource lists are distributed.

Agenda

From facilitators:

Welcome

Exercise 1 (Resource 5.1) Session starts with a long exercise on participants' professional development

Break for refreshments

Presentations from local innovative projects

Distribution of resources lists

From facilitators:

Exercise 2–6 (Resource 5.2–5.6) Type of exercise depends on how the group has developed. There are a number of possibilities

Feedback

Evaluation

Lunch

Handouts

- All resources
- Resource lists
- Session evaluation form (see page 45)
- Certificate (see page 46)
- End of course evaluation form (see page 46)

Tips for facilitators

This session varies depending on participants' feedback and requests. One variation is to invite the team leaders in to have a conversation about needs and resources, in which case the final exercise may be useful.

Learning objectives

By the end of the fifth session participants will have:

- considered their own professional and personal development
- discussed their own development in the context of their current organisation, team or agency
- reflected on the value of their own contribution to good CAMHS work and what they have taken from the course as a whole
- begun to make links with support networks
- been provided with presentation and supporting materials, given an overall session evaluation.

Resource 5.1 Exercise 1

For this exercise to work the three roles need to be clear. Each group needs a storyteller, a reflective listener and a non-speaking observer ...

We have found the exercise to be extremely powerful and rewarding for participants.

Resource 5.1

5.1

Exercise 1

Personal and professional development (PPD)

Divide into groups of three.

One person **tells a story**, one **listens** reflectively and appreciatively and one **observes** the other two without speaking, noting themes and processes

- 1 One person in the group tells the story of how they started off in the caring profession and about the first couple of years. What influenced their decision to become a caregiver? What effect did becoming a caregiver have on his/her life, friendships, relationships, identity? Looking back, what did s/he learn about his/herself at the time? *7 mins*
- 2 The same person tells the story of how he/she is getting along in work at the current time. What does s/he think of herself/himself in the current job? What are the main loyalties, forms of support? What are the current dilemmas? How do they think they are

viewed by the rest of the team? How would they like to be viewed? *7 mins*

- 3 Same person tells the story of what s/he would want things to be like in a year's time. Would s/he be working in the same job? What would s/he like to be doing the same, and what differently? What resources would they like to have? How would they like to be viewed by the rest of the team? *7 mins*
- 4 The other two in the group have a conversation making links and developing themes between the three stories *7 mins*
- 5 The storyteller responds to their comments *7 mins*
- 6 The whole group has a general discussion *7 mins*

Approx 35 to 45 mins in total

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks in Child and Adolescent Mental Health** produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Resource 5.2 Exercise 2

For Exercises 2–6, the type of exercise depends on how the participants have developed.

Resource 5.2

5.2

Exercise 2

The whole group has a sequential discussion on:

What resources in the widest sense (personal and practical) do I need to be effective and have personal job satisfaction?

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Resource 5.3 Exercise 3

Resource 5.3

5.3**Exercise 3**

In pairs, think of a client or family you are currently working with.

What are the resources you found useful in the past and present, and what resources would you like in the future to enable you to work or continue working effectively with this client or family?

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Resource 5.4 Exercise 4

Resource 5.4

5.4**Exercise 4**

- 1** In pairs, take turns to discuss a client you are currently working with
- 2** What would your client be: not doing, doing differently or starting to do in six months time that would tell...
 - you...
 - your client...
 - your client's network...
 - your manager...
 ...that your team's intervention had been effective?

Think of four things that would be happening

- 3** Rank those four things in terms of achievability and measurability

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Resource 5.5 Exercise 5

This exercise works well if the group can be divided into managers/team leaders and fieldworkers... each group comments on what constraints they think the other group is faced with...

Resource 5.5

5.5

Exercise 5

Assuming zero growth
in resources...
and effective working and
job satisfaction as priorities...

Team leaders:

What constraints do you think
operate on fieldworkers?

Fieldworkers:

What constraints do you think
operate on managers?

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Resource 5.6 Exercise 6

Again, a useful exercise if the group is composed of a mix of leaders and fieldworkers.

Resource 5.6

5.6

Exercise 6

For mixed groups of team leaders
and fieldworkers

- 1 Identify the factors which help
shape the way these groups
make judgements about **other
people's** work:
 - senior management
 - team leaders and supervisors
 - fieldworkers
- 2 Identify the factors which help
shape the way they make judge-
ments about **their own** work

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called Building Collaborative Networks in Child and Adolescent Mental Health produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Resource 5.7 Exercise 7

Resource 5.7

5.7

Exercise 7 Crisis work

Interruption of planned work	Taking control without disempowering others
Getting thinking time	Blame and self blame (anger)
Opportunity for change or relief from pressure	Powerlessness and confidence
Rapid networking (sufficient network for decisions)	Level of intervention
Making judgements under pressure/ rapid decision making	Your personal resources
Balancing risk	Using authority

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Resource 5.8 Exercise 8

Resource 5.8

5.8

Exercise 8 Dealing with a crisis

How do we use all of our personal resources?	Who or what might be able to help with what we don't know?
Does anxiety prevent us from accessing our strengths?	What is my role and responsibility?
How do we check that the assured part of ourselves is working to full capacity?	Who needs to be informed?
If not what do we need to do to access this part of ourselves?	What are the risks in the situation? Who is most at risk?
Recognise internal and external resources	What can wait/what can't wait?
How do we recognise what we know and what we don't know?	What needs to be done first?
Creating temporary safety (including personal safety)	How do I look after myself in the situation?
Making sure everyone knows what you've done	Gender and cultural assumptions
Admin constraints (doing, writing up, memory)	Debriefing
Back up consultation	Making hard decisions/ maintaining relationships
Transport	Rebuilding and modifying the care plan
Delegation	Key working/offering continuity for the client

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks in Child and Adolescent Mental Health** produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

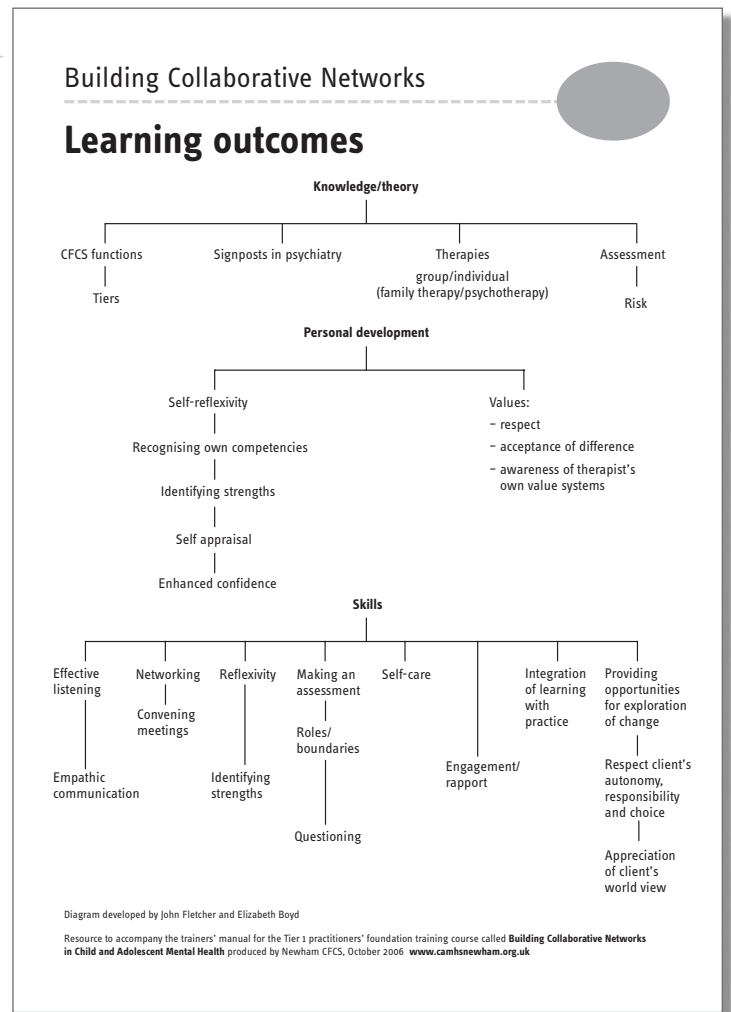
Templates for **letters** and **forms**



For you to personalise for your own locality

Learning outcomes

We encourage participants to determine their individual learning achievements. The learning outcomes described here are what we believe participants can potentially achieve though individual achievements will of course vary. They are offered as a resource to anyone designing their own course.



Roll-out letter

This example is from Newham. You will need to adapt the Word document on the CD to describe your local circumstances.

Change the information inside the chevrons <like this>

Building Collaborative Networks

Initial roll-out letter

Dear Service Manager/Team Leader/Nurse Manager/Practice Manager

**Building Collaborative Networks in Child and Adolescent Mental Health
Five Linked Workshop Sessions**

Please find enclosed details about this exciting opportunity. CFCS has been commissioned by <your area>'s Education and Social Services departments to provide training on child and adolescent mental health services for social workers, health visitors, school nurses, GPs, education welfare officers and special education needs officers. The first series of workshops will be rolled out from <April>. The series will be repeated twice, starting <September 2007> and <January 2008>. The course has been designed so that staff from all sectors can be released without creating too many client service problems.

We hope to give staff the opportunity to reflect on their practice, to refresh themselves, to skill up on innovation and resources in this area and to undo communication blocks between agencies. Feedback from course participants will help us plan appropriate trainings in future years. We are particularly interested in designing generic courses which could be accessed by staff across sectors, including the voluntary sector.

The workshops will be convened by CFCS staff, with contributions from speakers with specialist knowledge.

There will be 30 places (10 per sector) offered on this first tranche, but the sessions will be repeated in <September> and <January>. We will be encouraging participants to discuss their own practice. All workshops will be held at <add your venue>. Participants are strongly encouraged to attend the full series of five workshop sessions.

We would be grateful if you would nominate staff and encourage them to fill in the reply slip and attend. If you have any queries please do not hesitate to get in touch.

Best wishes

I would like to attend the five **Building Collaborative Networks** workshop sessions.
Please send me joining instructions.

Start date _____ Name _____

Organisation _____

Role/responsibilities _____

Email address _____ Phone _____

Address _____

Please detach and return this slip to <add return address etc >

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks in Child and Adolescent Mental Health** produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Aims and objectives of this course

Building Collaborative Networks

Aims and objectives of this course

- To give frontline workers time out for reflection and evaluation
- To enable workers to share what colleagues in other teams are doing, in order to cascade good practice
- To define what is respectful and effective communication between workers in different contexts
- To share the latest research and evidence-based practice
- To work towards a consensus about the generic skills base for child and adolescent mental health work, whilst valuing difference

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks in Child and Adolescent Mental Health** produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Start of course questionnaire

You might like to email or post this to participants before the course begins.

Change the information inside the chevrons <like this>

Building Collaborative Networks

Start of course questionnaire

Name _____ Start date _____

Please tick the box which best describes how you feel about the following topics

	Not confident	Quite confident	Very confident
1 Your understanding of CFCS services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Your understanding of how and when to refer to CFCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Ability to explain CFCS to families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Your general understanding of mental health in children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Evaluating mental health risk in the children you work with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Your skill in direct work with children and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Your general understanding of the roles of other professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Can you identify three learning objectives you will want to take away from this course on completion?

1 _____

2 _____

3 _____

Please email this form to <add your name here> at <add your email address here> or post it to me at <add your address here>. Thank you for your time

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Workshop session evaluation form

Building Collaborative Networks

Workshop session evaluation form

Name _____ Session number **1 2 3 4 5** (please circle)

Please tick one box per question

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1 This session has been useful and relevant to my practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 The pace of the session was about right for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 The session was well balanced in terms of input and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 The session has covered the material in enough depth given time constraints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 The session was generally delivered in an interesting and engaging manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 The venue was satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 I took an active part in the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 I have further developed my understandings of key elements of good practice as a result of today's session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 I took an active part in the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 I have further developed my understandings of key elements of good practice as a result of today's session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 What was the most useful part of the session for you?					
12 What was the least useful part of the session for you?					
13 What has been the most important learning for you today?					
14 If you have any additional comments or any suggestions for how the session could be improved, please note them here:					
15 What do you see yourself incorporating into your practice after today's session?					
16 Overall approval rating (tick one) <input type="checkbox"/> 6 excellent <input type="checkbox"/> 5 very good <input type="checkbox"/> 4 good <input type="checkbox"/> 3 fair <input type="checkbox"/> 2 unsatisfactory <input type="checkbox"/> 1 poor					

Thank you very much for taking the time to come. Please hand this form to a facilitator.

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks in Child and Adolescent Mental Health** produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Certificate

You will need to make your own certificate template. This example gives the gist of what should appear. You may wish to add the logo of your local mental health authority.

Change the information inside the chevrons <like this>

Building Collaborative Networks

Certificate

This is to certify that

<Sample Person>

has attended a series of five workshop sessions on

Building collaborative networks in child and adolescent mental health

held between <May and July 2007>

at <Newham Child & Family Consultation Service>

<Sample Person>
<Social worker>

<Sample Person>
<Family therapist>

<Newham Child & Family Consultation Service (CFCS)>
 <York House, 411 Barking Road, London E13 8AL Phone 020 7055 8400>

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End of course evaluation form

Change the information inside the chevrons <like this>

Building Collaborative Networks

End of course evaluation form

Name _____ Start date _____

Please tick the box which best describes how you feel about the following topics

	Not confident	Quite confident	Very confident
1 Your understanding of CFCS services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Your understanding of how and when to refer to CFCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Ability to explain CFCS to families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Your general understanding of mental health in children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Evaluating mental health risk in the children you work with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Your skill in direct work with children and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Your general understanding of the roles of other professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now that you have finished the course, can you identify three learning objectives you hope to incorporate into your professional skills?

1 _____

2 _____

3 _____

Please email this form to <add your name here> at <add your email address here> or post it to me at <add your address here>. Thank you for your time.

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks in Child and Adolescent Mental Health** produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Follow-up letter

Change the information inside the chevrons <like this>

Building Collaborative Networks

Follow-up letter

<Address>
<Date>

Dear <add name>

Well done for completing the course on 'Building Collaborative Networks in Child and Adolescent Mental Health' at <Newham Child and Family Consultation Service (CFCS)>.

Please could you take the time to complete just one more evaluation form about the course. I understand that it is similar to the final evaluation form you completed at the last session, but it does ask slightly different questions and we need the information for our records.

Feedback on our courses is essential to help us secure the funding needed to run high quality training for Tier 1 workers in the future.

I am enclosing a stamped addressed envelope for your reply.

Yours sincerely

<Sample Person>
<Social worker>

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks in Child and Adolescent Mental Health** produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

Follow-up evaluation form

To send out six months later.

Feedback on training is essential to help secure funding to run high quality training for Tier 1 workers in the future.

Change the information inside the chevrons <like this>

Building Collaborative Networks

Follow-up evaluation form

Name _____ Start date _____

Please tick the box which best describes how you feel about the following topics

	Not confident	Quite confident	Very confident
1 Your understanding of CFCS services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Your understanding of how and when to refer to CFCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Ability to explain CFCS to families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Your general understanding of mental health in children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Evaluating mental health risk in the children you work with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Your skill in direct work with children and families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Your general understanding of the roles of other professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Since finishing the CAMHS Foundation Training, can you identify three learning objectives you gained from it that you have been able to incorporate into your professional skills?

1 _____

2 _____

3 _____

Please email this form to <add your name here> at <add your email address here> or post it to me at <add your address here>. Thank you for your time.

Resource to accompany the trainers' manual for the Tier 1 practitioners' foundation training course called **Building Collaborative Networks in Child and Adolescent Mental Health** produced by Newham CFCS, October 2006 www.camhsnewham.org.uk

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On this CD you will find pdf files and Word documents for the resources described in this manual. You are welcome to edit and adapt the Word files to suit your local situation. You can also can also download these files or request another copy of this manual on the Newham CAMHS website, **www.camhsnewham.org.uk**

‘This trainers’ manual will help to develop Tier 1 services. It offers a practical tool for CAMHS practitioners working to promote good practice... the bite size chunks of training will be appreciated by those with busy schedules.’

Helen Davies, Programme Coordinator, North East London Children’s and Young People’s Health and Inequalities Programme

‘This comprehensive tried and tested manual will save people planning and preparation time when approaching the training of vast numbers of professionals who work with children in mental health awareness.’

Mary Killick, Regional Development Worker and CAMHS Programme Lead, National CAMHS Support Service

Created and developed by staff at Newham Child & Family Consultation Service (CFCS) this trainers’ manual is being published to allow other busy Tier 2 and Tier 3 practitioners in the NHS London area and around the country to share what is being done and build on it themselves

Based on the belief that people do most of their learning in the local contexts in which they practice, the content and ethos of this foundation training is designed to be relevant and respectful to the task facing Tier 1 workers in the variety of contexts in which they work

For further information, to download these files or request another copy of this manual go to the Newham CAMHS website

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