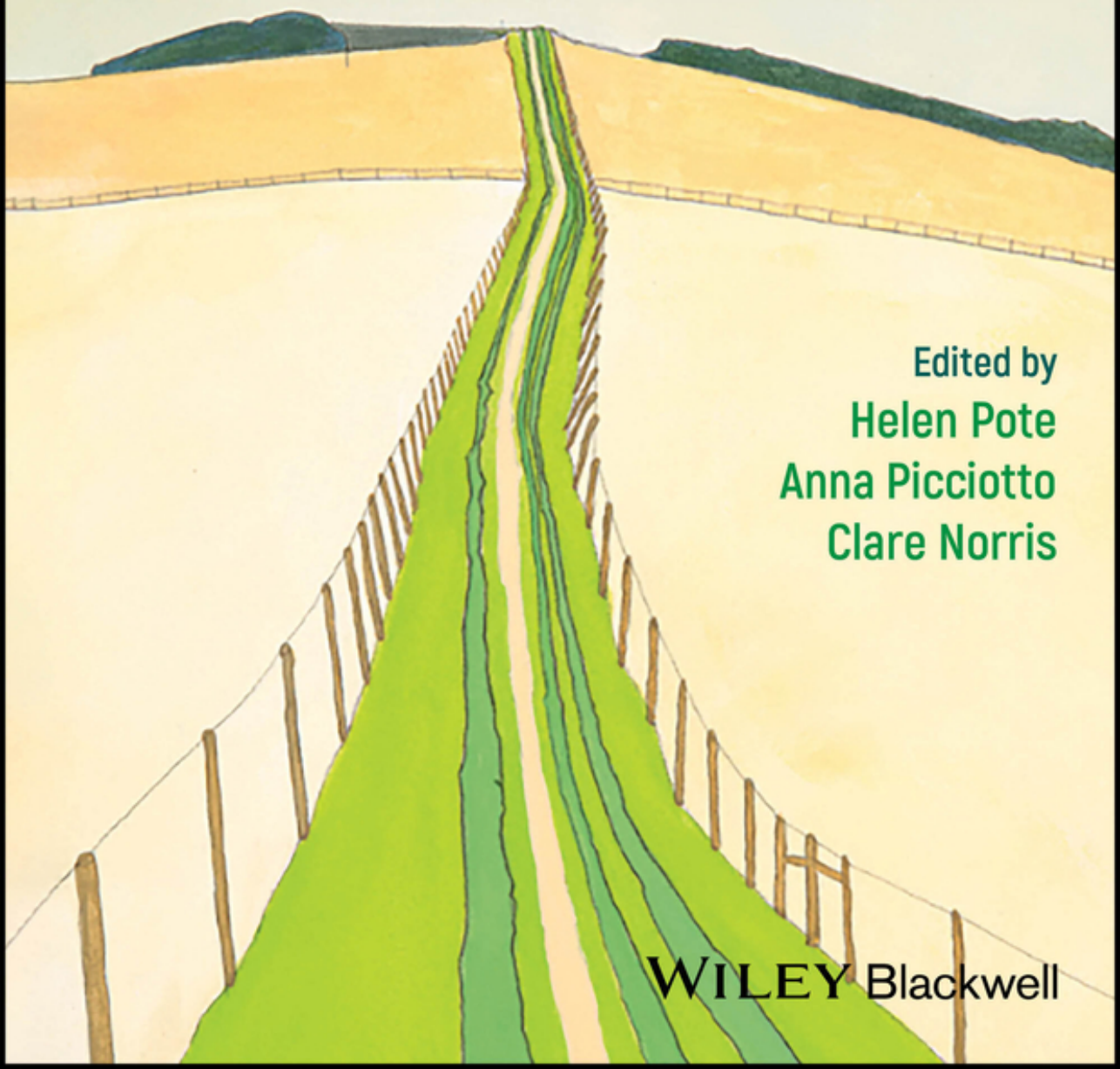


# Child Psychology

Pathways to Good Practice

Edited by  
Helen Pote  
Anna Picciotto  
Clare Norris

WILEY Blackwell





## **Child Psychology**



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Pathways to Good Practice

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*To our fantastic children – Freddie, Alice, Billy, Lily, Bea, Chloe and Louis, who have taught us so much and helped us to remember that things don't always go the way the psychology textbooks suggest.*





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**MAC-UK – Katerina Alexandraki, Laura Casale, Jessica Davies, Rupert Goodman, Tasir Joseph, Jake Lake, Rachel McKail and Jon Oliver** are staff members at MAC-UK, which is a mental health charity with a vision to see a society where excluded young people inspire and lead the solutions to inequality and the impact of this on mental health, with

the resources, capabilities and investment to do so. Central to the work is co-production, which strives to have young people, communities and organisations as equal partners in the design, delivery and evaluation of the work, and promotes shared decision making along the way. MAC-UK seeks to also impact services and systems. Alongside the expertise of young people, communities and services, the work draws on ideas from youth work, psychology and public health to inform practice.



## Foreword

Oh how I wish I had had this book when I was starting out on my career in child psychology! It really is the go-to handbook for all things related to child mental health, and I really do mean 'all things'. It somehow manages to be comprehensive in both the topics that it covers and the handling of each topic.

The authors of each chapter are genuine expert practitioners in their fields, and readers can benefit from their expertise, their experience, their knowledge and their wisdom. There is also a certain warmth and compassion in the way that the book has been both written and compiled, which is nourishing and nurturing, and inspires rather than intimidates.

The book starts by helping readers develop their clinical competence and confidence by covering important broad areas of practice. It then focuses on specific areas of practice before considering emerging areas of practice. Helping readers to develop knowledge and competence will in turn increase their clinical decision-making ability as well as help them to feel more confident.

Working in this field can be challenging at times, and as the stress levels increase it can sometimes be difficult to think straight. But this book acts as a guide enabling readers to remain focused on what is important and to make better decisions.

Although relevant in any child mental health context, this book is particularly useful in a UK context, where there has been an expansion of the workforce and the development of many new roles. This book makes evidence-informed approaches accessible to readers regardless of their background training and their particular role.

*David Trickey*  
Consultant Clinical Psychologist  
Co-director of the UK Trauma Council



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And finally, the inspiring students and practitioners who we have had the privilege to work with at the start of their careers and who always challenge us to think and continue to keep us enthusiastic about our psychological practice.





## **Part I**

### **Frameworks for Practice**



# 1

## An Introduction to Child Psychology in Practice

*Helen Pote, Anna Picciotto and Clare Norris*

### 1.1 Overview

‘Tell me and I forget, teach me and I may remember, involve me and I learn.’

Benjamin Franklin

Starting off as a child psychological practitioner can be daunting. There are so many things to learn: How do young people develop? What are the risk and protective factors for a range of psychological difficulties? How do you talk to young people and their families to assess their needs? What evidence informed approaches might help them resolve any difficulties? The path to gaining this knowledge and developing the necessary skills may seem challenging for the novice practitioner. For young people and their families, the path to addressing their psychological distress is equally challenging and at times very confusing. The young person may be frightened, overwhelmed and often lacking in hope. You offering them support and learning alongside them in a collaborative and curious fashion is a great starting point for helping them and becoming a competent child psychological practitioner as you do so. In your journey to becoming more confident in your skills, be compassionate and encouraging to yourself, just as you would be to the young people you work with. Notice the things you do well alongside the areas of practice you wish to improve, expect to make mistakes and aspire to learn from them.

This book is designed for psychological practitioners and clinicians working in child mental health; apprentices, students, trainees and newly qualified professionals starting out in their careers as well as more experienced practitioners who may be seeking an overview of child mental health practice or of a specific service area. It covers frameworks of practice, the evidence base for working in specific settings and with specific presentations or diagnoses, and emerging areas of practice and service development.

Each chapter is written by an experienced practitioner or practitioners, who are skilled in and passionate about their field. Writing styles differ in each chapter, just as therapeutic styles differ in clinical practice. Whilst each chapter gives an overview of its topic and evaluates the current evidence base, inevitably the lens of the author/s will have shaped

their interpretation and presentation in a unique way. We think this is a strength for the reader, both those who are developing their own way of working and those who are more established. It reflects the real world, of working in clinical teams with practitioners from multiple disciplines, with different training, backgrounds and experience. Competent and confident practitioners should never stop learning from and questioning their colleagues, embracing and encouraging plurality of thinking and of practice.

## 1.2 The UK NHS Context

Child mental health services in the United Kingdom and the National Health Service (NHS) are political; they are shaped by governmental policy and funding, and practitioners are working within the intersections of biology, physical health, wealth and poverty, race, culture, society, environment, government policy and contemporary ideology. Practitioners need to be able to consider a range of perspectives when working with children, young people, their caring networks and other agencies. They need to challenge ideas and practice and to listen to difference and dissent, however uncomfortable this may be, seeing them as a sign of strength and an opportunity for growth and development. Crucially, this includes seeking out and giving real weight to the views of experts by experience: children and young people, and the adults that care for them, at all stages of the development and evaluation of treatment and services.

In our view, there has never been a more exciting time to work in child mental health; in the United Kingdom, and in many countries internationally, the emotional health and well-being of children and young people is less stigmatised, and viewed as the shared responsibility of the young person, their carers and professional networks. There is a public appetite to provide support and to help tackle what can feel like a tsunami of emotional difficulties young people and their carers are having to navigate. Within the United Kingdom and the NHS, child mental health is a priority service area and there is a commitment to redressing historical funding inequities.

Changes are being implemented in the way public mental health services for children and young people are delivered in the United Kingdom. Acceptance of the age at which children and young people's services should end and adult mental health services begin is shifting, reflecting both our increasing understanding of brain development and maturity and essential differences between the structure of child and adult services and how interventions are delivered.

There is an increasing emphasis on universal settings for young people, such as schools, being 'mentally healthy' and supporting the development of positive emotional health and wellbeing, to prevent more serious mental health difficulties from developing and to identify difficulties as they emerge in order to intervene early. Mental health services are encouraged to be provided as 'in-reach' – embedded into the settings which children, young people, families and carers are already accessing. Services are no longer solely based in mental health clinics or hospitals, although those services that continue to have an essential place in the range of services available. Choice for service users, whatever their background or resources, in what model or service is accessed, and how and where it is delivered, is being given increasingly high value (NHS Long Term Plan, 2019).

This provides expanding opportunities for practitioners to work not only directly with children, young people, families and carers, but also as trainers and consultants to the networks around them and in leadership roles, advising on policy and service developments.

### 1.3 A Vision for Confident Child Psychological Practitioners

What might a good child psychological practitioner offer? One of the editors of this book interviewed senior managers of psychological services to see what they wanted from newly qualified clinical psychologists (Pote & Taylor, 2016). The focus was on leadership across a range of specialities, but managers' answers were illuminating; they noted that junior psychological practitioners would need to:

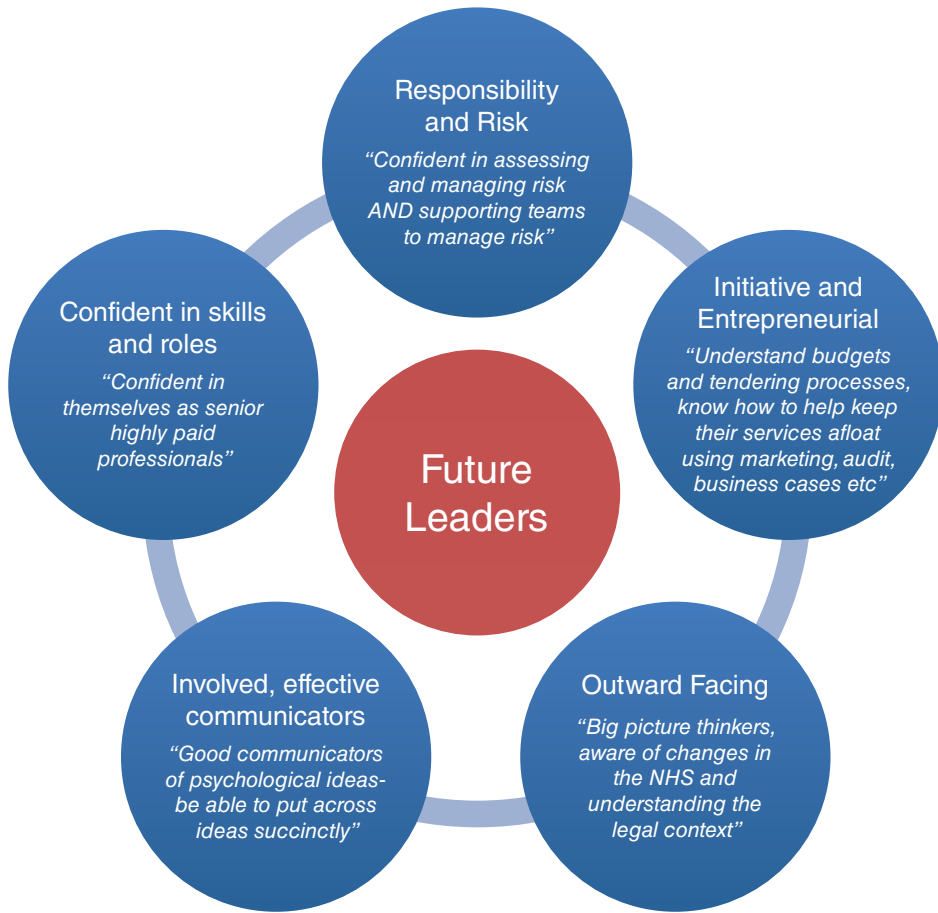
- Have a sound knowledge of clinical presentations, their assessment and treatment.
- Develop strong therapeutic skills in evidence-based models.
- Clearly and confidently communicate psychological ideas and skills with other professionals.
- Take responsibility in teams and lead on risk management.
- Be visible and active members of the multidisciplinary team.
- Be outward-facing, 'big-picture' thinkers, interested in changes in the NHS and be aware of the broader political and legal contexts of practice.
- Demonstrate some business acumen, including a clear ability to take initiative and show an entrepreneurial spirit to develop clinical services effectively (see Figure 1.1).

We have seen that competent child psychological practitioners offer all of this, and their ability to think and act systemically, seeing the needs of the child in context are important building blocks for broader development. In this book we hope to encourage development of all these skills.

In our experience supervising and supporting child psychological practitioners, there are seven elements that make up successful practitioners, which are described in Table 1.1 using the acronym ACHIEVE.

### 1.4 Developing Clinical Confidence as a Practitioner

Novice practitioners should not expect themselves to be immediately or 'naturally' confident in their clinical practice. As discussed throughout this book, clinical confidence is something that develops over time. Rightly so: clients would not want practitioners to be over-confident in their abilities on their first day of practice before their skills have developed; one would not expect a singer to take the lead role in a big-budget musical after their first singing lesson, no matter how great their talent. Clinical competence and confidence should develop hand in hand, and are reliant on experience over time. Unfortunately, new practitioners sometimes feel they have to present a 'veneer' of competence and confidence to their supervisors when this is far from how they are actually feeling. This is especially true when their work is being evaluated, but it can have a negative impact on learning and make it difficult for supervisors to judge the right amount of support to offer the practitioner.



**Figure 1.1** What do managers look for in newly qualified psychological practitioners? *Source:* Adapted from Pote and Taylor (2016).

Although being able to contain one's own anxiety in the room with clients is important, so too is being able to ask for help and acknowledge 'not-knowing' with those in a position to support the practitioner's development. This experience of feeling anxious or fraudulent when starting out in clinical practice is common but can be particularly difficult in child service contexts when younger practitioners, often without children themselves, are 'positioned' as experts by families and professionals seeking psychological advice.

Inexperience does not equate to incompetence. Sometimes, novice practitioners are so focussed on the things that they do not know, have not yet experienced or are concerned about trying, that they forget to note the areas of practice where they have good core clinical skills. These core skills are often those originally outlined by Carl Rogers in the 1950s (e.g., Rogers, 1957), which he labelled 'core conditions for therapy': empathy, congruence and unconditional positive regard. Figure 1.2 shows how these might be demonstrated in child psychological practice. Novice practitioners should take some time to notice how they demonstrate these core skills in their everyday interactions with family, friends, colleagues