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# Contributors

This publication is the outcome of a collaborative project between the Division of Clinical Psychology's Faculty of Children, Young People and their Families (CYPF) and Pre-Qualification Group (PQG) which sought to obtain the views and experiences of pre-qualified clinicians and support them working in child and family services.

The contents are based on the views of 71 pre-qualified respondents to a survey distributed in the Autumn of 2014. Of these, 63 per cent were in training, 36 per cent were pre-training, and 1 per cent newly qualified. The document was edited by Florence Bristow and Anna Roberts.

Clinical psychologists, other colleagues in the Faculty, and the Young Minds CYPF Panel were consulted to provide tips and advice to support trainees.

We are very grateful to all of the individuals who provided their views and collectively produced such a valuable resource. We would like to acknowledge the support of Tim Atkin and Dr Amanda Laffan in producing this document.

*This publication has been produced by the Faculty of Children, Young People and their Families, and the Pre-Qualification Group and represents the views and contributions of the members of these groups surveyed for the current project only.*



# Foreword

Trainee clinical psychologists and their supervisors have suggested that child placements are often experienced as being very different from other placements undertaken during clinical training. Some trainees have had little contact with children and feel inexperienced working with this client group. For other trainees, child placements are different because clinical work often involves engaging more than one client and working with multiple systems. It is unclear whether these differences are clearly identified and addressed in academic teaching and supervision.

*Top tips for working with children, young people and their families* is the outcome of an exciting collaboration between the Division of Clinical Psychology's Faculty of Children, Young People and their Families (CYPF) and the Pre-Qualification Group (PQG). It provides insight into the expectations, beliefs, concerns and experiences trainees and other pre-qualified clinicians have of roles in child and family services. With a wealth of practical tips, advice and tried-and-tested resources as suggested by young people, pre-qualified clinicians and qualified clinicians, we hope that this publication will help to support trainees, their supervisors and other pre-qualified clinicians working in services for children and families. It may provide a starting point for preparing for placements, help to manage expectations and concerns, overcome common challenges, and help pre-qualified clinicians to recognise the skills they have that are applicable to working in this field.

**Pre-Qualification Group & Faculty of Children, Young People & their Families**

## Section 1: Experiences of working with children, young people and their families

This section highlights what trainees and other pre-qualified clinicians told us about their experiences of working in child services – their expectations and concerns, and the key skills and competencies they developed. The section ends with a summary of respondents' reflections on the most enjoyable and more challenging aspects of their role.



## What I expected...

For many trainees, a child placement may be their first experience of working with children and families. Others may have pre-training experience of working with children and families. Naturally, you will have ideas and expectations about your child placement or other pre-qualified role, including both positive feelings and concerns. Here we share with you the thoughts that others have prior to starting their work in child services.



## Positive feelings and expectations about working with children and families

- Looking forward to working with the client group: either children and young people themselves, with families, or services around them.
- Working in a different service context.
- Working as part of a team around the child.

'I was most looking forward to working with teenagers. I feel they are at such an exciting part of their development, which for many can be a rollercoaster.'

'Getting to know the children and having the opportunity to find out more about how they see the world.'

'Discovering whether I like working with this group, and whether I might like to specialise with this population.'

'Working in a team environment, particularly alongside multi-disciplinary team members.'

- Expecting the work to be interesting, enjoyable and fulfilling.
- Feelings of confidence about working in this area.
- An expectation that it would be easier than working with adults as [respondents] would be better able to relate to children.
- Feeling hopeful that intervening early is likely to be more effective
- A more nurturing and empathic service context.

'...anticipated it being extremely fulfilling as I would be able to try and make a real difference to the lives of young people before their difficulties escalated and affected them in adulthood.'

'I could relate to children and be in tune to their language.'

'I feel...confident...going into this placement.'

'[It will be] beneficial to intervene early in a person's life to try to avoid further distress later.'

'I was particularly looking forward to making a difference to a child or young person's life at such an early and important stage of development.'

- Using particular models: systemic family therapy, attachment-focused models, play therapy.
- The work being creative and fun.
- Increasing knowledge and skills through new experiences.

'Learning how to use play therapeutically.'

'Systemic working, including liaison with systems around the family.'

'Learning more about the challenges involved in working with children and families.'

'I was looking forward to being creative in my therapeutic skills – particularly adapting...techniques.'

'The option to be more creative and more fun – rather than just talking.'

## Concerns about working with children and families

- Feeling inexperienced (actual and perceived), in particular about not being a parent and lacking in parenting knowledge.
- Having had a lack of contact with children and young people and not knowing what was 'normal'.
- Being perceived as incompetent due to age or career stage.

'How can I tell parents how to parent without being a parent?'

'I was worried about being perceived as too young to help or understand the issues that parents may be having in relation to their children.'

'I haven't been around children very much in my life.'

- How to build rapport and communicate with children and young people.
- Dealing with 'attitude' and 'challenging behaviour'.
- Maintaining boundaries.

'I'm fearful of how to go about building rapport with children.'

'How do I speak to children?'

'I was concerned that I wouldn't be able to engage adolescents.'

- The challenges of working systemically:
  - engaging and working with the family and systems
  - having more than one other person in the session.
  - managing multiple positions in the family
  - how to manage confidentiality and consent
  - how to manage conflict within sessions.

'I imagine it's far more difficult working with a family than the individual.'

'How to manage sessions with more than one person.'

'I was worried about managing conflict.'

'[I was worried]...about my tendency to align with the parent rather than the child.'

- Concerns that working with children and young people will be harder than working with adults, particularly due to having to manage parental needs and expectations.
- How to adapt models when working with children and young people.

'I was also concerned that parents may have very high expectations.'  
'That I don't have the necessary skills to work with this group.'  
'I'm not creative...'

- Feeling more intense emotions and distress.
- Feeling more attached to clients.
- Dealing with more complex cases
- Managing safeguarding, risk and child protection issues.
- That presenting difficulties would include abuse and safeguarding.

'I was concerned about my reactions towards the families.'  
'Concerned about paperwork, red tape, social services issues.'  
'...needing to maintain a therapeutic relationship as well as safeguard risks.'  
'That I would find it emotionally draining (harder to see 'little people' having mental health difficulties than adults) and tiring (more energy needed to make sessions fun).'

- Concern that there would be insufficient support and guidance from supervisors.
- That personal beliefs would not be aligned with those of the service.

'I have some anxiety over how supportive supervisors are and whether they will give sufficient guidance.'  
'I was against medication...so was concerned how this belief would fit.'

## What I enjoyed...

Whilst many respondents had concerns prior to starting their child placement and faced challenges during it, respondents reported many things that they enjoyed during their work with children, young people and families. Here we share some of the aspects of working in child services that you may also enjoy or look forward to.

- Working with the client group: some respondents enjoyed working with children and young people generally, whereas others enjoyed working with teenagers, young children, parents, or families in particular.
- The variety of the work.

'The variety – working with young children – to adolescents – to parents – to care teams.

'Children's insight to their worlds, their stories and how their families have played a part in it.

'Working with teenagers was particularly enjoyable for me – I found them quite entertaining.

'That you really cannot be prescriptive, so you learn something new with each person/family.

- The nature of the work; enjoying being able to be creative and fun.

'Having fun. Being creative and playful.'

'I loved the options for creativity in the work; at any point you could grab a big piece of paper and some big pens and map out a diagram on the floor, or use Lego to build up a monster to externalise a diagnosis.'

'Children can be really good fun.'

- Improving knowledge and skills .
- Working systemically.

'I learnt something new every day.'

'Formulating using different models.'

'Learning about cognitive profiles and the developing brain.'

'Being able to interact with the child's whole system (school, family and occasionally friends).'

'Seeing a change in the wider system.'

- That intervening early could be more effective.
- Team and multi-agency working.

'By intervening early you can make a positive impact on the child for the rest of their lives.'

'I enjoyed the multi-agency working, particularly liaising with services.'



## What I found more challenging...

As with all placements and client groups, respondents reported finding some aspects of their child placements more challenging. If you are experiencing challenges in your work, we hope that this section might support you with the knowledge that many other people have shared similar experiences. If you have never worked with children and families before, this is not a section to increase anxiety but hopefully to help you to prepare you for some of the common challenges you might experience.

In Section 2, you will find a wealth of information which may help you to overcome some of the more challenging aspects of working with children, young people and their families.

- Challenges with the client group, particularly young children, teenagers and parents.
- Engaging children, young people and their families.
- Working with the different views of parents and families.
- Adapting communication to suit both the young person and their family.
- Feeling tested by clients and/or parents.
- Managing non-attendance at sessions.
- Working around school times.
- Managing issues around confidentiality (particularly sharing information between young people and families).

'Working with parents was challenging at times when their views and opinions conflicted.'

'Parents' agendas versus what the child/young person wanted or their needs.'

'Parents questioning whether I have any of my own children and also my age.'

'Parents who want you to "sort out their child".'

'Having to adapt the way I talk so that everyone in the room can understand.'

'Non-attendance at appointments was challenging as I had to work out whose decision (child or parent) it was to not come and how to re-engage them.'

'Resistance and low motivation in teenagers.'

- Working with different agencies (because of different views and logistics) .
- Challenges with constraints within the team and service (including waiting lists).
- Difficulties working in very busy services.
- Finding it difficult when children and young people appear to be pathologised and parents are blamed.

'I found the system itself challenging.'

'The teams were extremely busy...CAMHS is a fast-paced placement.'

'It can be hard to get hold of others involved and you can feel like you are always playing 'telephone tennis' with other professionals.'

'...having to not accept referrals that were not severe enough knowing they were likely to be back in a much worse state in a few months.'

'Frustrations with social services or schools who don't think about issues in same way.'

- Managing feelings of distress and hopelessness.
- Over-identifying with clients and being reminded of personal experiences .
- The work being unpredictable .
- Maintaining empathy.
- Finding it difficult to 'let go' and discharge clients.

'My biggest challenge was keeping my personal issues separate from my clinical practice.'

'At times feeling like I wanted to 'rescue' a child.'

'I found it difficult to discharge children and teenagers from my case load and found that I thought about them for a long while afterwards, wondering how they were doing, etc.'

'I found it difficult that changes sometimes happened more slowly than I expected, while other changes happened unexpectedly and fast.'

- Experiencing difficulties when working with safeguarding and risk.
- Finding it more difficult to work with trauma, eating disorders, behavioural problems and high levels of expressed emotions.
- Difficulties working with interpreters.
- Challenges and difficulties within supervision.

'Not having a space in supervision to reflect on and deal with personal reactions.'

'Coming to terms with the level of childhood trauma many young people have experienced.'

'Managing safeguarding and risk issues.'



## What I learnt...

Respondents expected and looked forward to increasing their knowledge and skills through new experiences during their child placements. Given that many training courses are moving towards a competency-based model of training as opposed to core placements, we thought it would be helpful to share here the key skills and competencies respondents learnt and developed during their pre-qualified roles with children, young people and families.

It is clear that respondents build on existing skills, learn new skills specific to this client group and develop skills transferable to working with other client groups. Of course, your experience will vary depending on the specific service and team you are working in but we hope this section might give you an insight into the skills you could develop and help you to set learning targets for your child placement.

- Skills in engaging and communicating with children, young people and families.
- How to work creatively.
- How to adapt 'adult' techniques and models .
- How to manage resistance and challenging situations.
- How to work from a strengths focus.
- To be more confident working with children, young people and families.

'How to engage with children and young people verbally as well as non-verbally.'

'...putting forward often complex information in a way which is understandable and engaging.'

'How to work creatively and adapt models to suit a younger client group.'

'Being less problem focused really helped me to draw on client's strengths.'

'To manage challenging situations within a family context by considering each person's viewpoint.'

- Skills in using particular models: family/systemic therapy, CBT, narrative therapy, parenting groups, attachment-based models and art therapy.
- Skills in conducting observations and assessments.
- Cognitive and neurodevelopmental knowledge and skills.
- Formulation skills (including formulating with different members of the system).
- Report writing skills (and writing for varying audiences).
- Increased understandings of risk, safeguarding and social services.

‘Working with the system (systemic ideas and practices), including families.’

‘Formulating with children in a way they can understand.’

‘Formulating and understanding difficulties within the context of the wider system.’

‘Writing reports that were easy for children to understand.’

- Working with multiple agencies and in multi-disciplinary teams.
- Leadership and consulting skills.
- To have greater empathy and patience.
- Skills in organisation and session preparation.
- Skills in personal reflection.

‘Organisation – CAMHS is hectic and full on! Its go, go, go!’

‘...to be patient.’

‘Being non-judgemental and empathic towards children and families.’

‘...using my brain in the moment.’

‘How to consult with and collaborate with schools, social services.’

‘How to work indirectly (e.g. with schools or parents).’

‘The importance of reflection – specifically on my own feelings after visits and in particular if they have been more difficult or emotionally challenging.’

## What I wish I'd known...

It is inevitable and part of any learning process that at some point you think to yourself, 'I wish I had known this at the beginning'. In this section, we asked respondents to share anything that they would have found helpful to have known at the start of their child placement. We hope that these responses will be helpful for you to know sooner rather than later and will help in your preparations for a child placement.

- Having more knowledge of the client group from the beginning.
- Knowing how important it was to work with the families and systems around children and young people.
- Knowing how varied the work would be.

'How different every family would be.'

'That I would see a lot of teenagers.'

'Highlighting how much systemic work there would be.'

'The complex systems involved around children.'

'The importance of considering the parents and schools and trying to determine what role these relationships play on the child.'

- Knowing more about specific clinical techniques used in child work.
- The importance of working creatively .
- Better knowledge of typical child development and other theories.
- More information about parenting
- Engagement tips.

'Hands-on strategies for behaviour management.'

'More reading around developmental stages so that you can map this onto the children and young people you work with.'

'More theoretical knowledge.'

'More about developmental disorders and typical child development.'

- Knowing more about team working.
- Knowing how to manage and deal with risk.
- Having more of an understanding of professional boundaries and awareness of the limits of the role.

'Having a strong idea of what my limits as [a] professional are.'

'That working in CAMHS doesn't always mean working systemically.'

'Knowing more about risk management.'

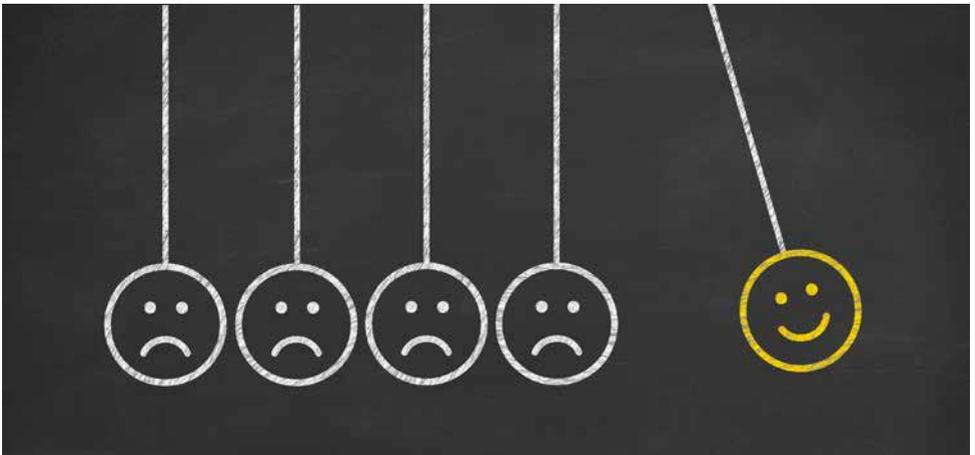
- Knowing that there would be challenges and frustrations throughout the placement.
- That working with children, young people and families is not for everyone.
- How important it is to be yourself.

'I wish I had known that it is ok to not know things.'

'...that working with this client group is not for everyone (and that's ok).'

'...that it's ok if things get messy and you don't really know where the session is going.'

'That relaxing and being myself was ok and actually helped my work!'



## Section 2: Top tips for child placements

We asked trainees, other pre-qualified clinicians, young people, clinical psychologists and other colleagues working with children and families to provide their top tips for child placements. We hope that this wealth of advice will help trainees and their supervisors to prepare for child placements and offer support during the course of placements.



## A message as you begin your child placement...

Relax and be genuine; be honest, be yourself, never try to be 'cool'. Remember that it's ok to feel stuck, not know everything, or not always enjoy the role. You might really enjoy it but working with children and families is not for everyone, and that's ok!

If you've worked with adults you'll find many of your 'adult' skills will apply as children have many of the same needs. That said, compared with other populations, the difficulties faced by children and young people are often less entrenched so it can feel more 'alive' and the work is much more about early intervention for adulthood.

If things are more difficult hold onto compassion and empathy for the client. Realise and maintain your professional limitations and role – use supervision and reflexivity to support you. Don't be afraid to use your sense of humour (where appropriate!). Some people worry about parents judging you based on whether you have your own children – they rarely do, so don't let this worry you.

The work can bring up memories of your own childhood – be prepared for this and consider in advance how you might manage it.

*Your fellow trainees*

# Top tips as suggested by trainees and qualified clinicians

## Making the most of your placement

- Be open to the range of experiences available on placements.
- Consider within the first few weeks of placement what you would like to get out of it
- Don't be afraid to ask questions about anything.
- Take any opportunities to shadow other professionals:
  - other team members
  - other professionals
  - staff working with a range of ages
  - school observations.
- Take time to look at the department resources/psychological test materials (chat to others and work out what is available to you so you're not reinventing the wheel).
- Use the placement to audio/video tape sessions in order to develop your skills.
- Make goals to: get experience of other models/ways of working, work with as broad an age/difficulties range as possible, be in a reflective group for family therapy, try working with a co-therapist, and pick up a caseload as soon as possible.
- Actively ask about procedures and policies within the service.

## Familiarising yourself with children

- Spend some time with a child/children where possible to get to know 'their world':
  - How do they communicate and interact (verbally and non-verbally)?
  - Observe parent-child interactions and interactions with other children/adults.
  - What are children like in different environments (i.e. the park, shops, at home, at school) and relational contexts (e.g. familial home, peer groups etc.)?
  - Talk to them, learn about their lives.
- Watch children's TV to get to know the kinds of things they're into (you don't need to know all the character names etc. you will just get a feel for what's 'in').
- Go and look in a toy shop or browse on Amazon Top 10 Toys – what toys are popular? You don't need to be an expert; it just helps to have some ideas.



## Engaging children and young people

- Don't be afraid of children or talk down to them, but do adjust your language (e.g. no jargon).
- Don't stay stuck in your seat – it's ok to sit on the floor with smaller children.
- Be curious! Don't ask questions if you think you know the answer already – actually listen to their answer or ask something else which will be useful.
- Spend time getting to know families and young people. Don't be too problem focused, allow space for conversations about strengths and resilience, particularly when starting out working with a young person. Young people can have incredible resilience and those conversations can prove to be so valuable to draw on in your work together.
- Be prepared to sit back and watch them, and take your cues from them.
- Remember that there is already a power imbalance with you being a therapist and them a client, and you being an adult, them a child. So try to allow them to take some control and have as much choice as possible in therapy.
- Children typically like more informal sessions, so use activities where possible even if just going for a walk or playing a game, or talking about hobbies/interests.
- Ask young people what they like and don't like, and be open to feedback.
- Be playful and remind yourself how to play!
- Have fun, enjoy it, relax!
- Follow [the child's] lead.
- Do not try to be cool with teenagers, they can smell you a mile away!
- Learn about what the child likes to do and is interested in so that you can engage them in a meaningful and fun way and be creative.
- Be aware that children may not be completely engaged with the service and may not want to engage; still, the fact they are there is an opportunity to find out what they do want.

## Working with the family

- Don't underestimate the importance of engaging parents.
- Involve families and carers (or other adults close to the child) as much as possible from the start – they are the people who will be able to support the child to sustain changes, and they might need some help/support themselves.
- Systemic working can feel scary as it can involve managing more than one client in the room, but it can open your mind up to whole new ways of thinking about ways of working, and who the 'client' is.
- Speak to parents/carers, and everyone and anyone else involved with the child to inform your assessment, formulation and intervention.
- *But*, consider with the young person how they would like their family/important others to be involved.



## Considering social media and technology

- What role might social media play for the young person you are working with? Consider this within assessment/formulation.
- Be curious about the way the young person is using social media, bear in mind internet safety.
- Be prepared for young people to look you up on social media – check your privacy settings.
- Consider whether you can use technology in your work with young people and families, e.g. CBT smartphone apps, making videos.



## Thinking about the support you have

- Use supervision (with your supervisor and any other professionals you work with)
- Who is supportive within your team?
- What peer support can you access?
- Can you access support within the course?
- Could personal therapy or some other context for personal development and reflection be helpful?
- What are your coping strategies?
- Are there wider groups of trainees you can access (including the Pre-Qualified Group)?



## Getting the best out of supervision

- Be prepared for supervision – make notes and come with ideas of what you need to discuss and keep notes/lists so you can keep track of what has been discussed and what you need to do.
- Be proactive in supervision: If you need more reflection or need more direction – tell them. Help your supervisor understand your needs as well as you do.
- Don't worry if you feel inexperienced – we all have to start somewhere and child supervisors are very aware of how scary it can feel working with children.
- Talk through anything that might be difficult or upsetting with your supervisor.
- Reflect on your own experiences of being young (and how that might shape your way of working).
- Bring concerns about safeguarding to supervision – everyone finds safeguarding difficult, but that is what supervisors are there for, and all Trusts have safeguarding teams who will be happy to talk over concerns with you.



## Bringing together theory and practice

- Remind yourself of developmental psychology theories:
  - Get a sense of developmental stages and what children are expected to do at each stage.
  - You can integrate developmental aspects (with systemic factors and cognitive theory) into your formulation.
  - Developmental theories can help you to understand complex and interacting underpinning processes
- Consider systems:
  - Think widely – what different systems are children involved with? What different systems are you involved with in your life?
  - Consider whether there are difficulties in the wider system that might help you to overcome challenges.
  - Use the knowledge of other agencies and systems.
  - Even if you aren't working systemically in terms of therapeutic approach, considering systems might help to inform your formulation.
- You might find reading into these areas helpful to aid your learning:
  - developmental trauma and attachment
  - social learning theory
  - autism and ADHD
  - motivational interviewing techniques (helpful if the client is ambivalent about change)
  - family group work and other systemic ideas
  - cultivating resiliency in children and families.
- Is the service predominantly working from a psychological or medical model? Question different ways of conceptualising 'problems'.
- Use multiple formulations – in the room with the client, with the family, with the team – to inform your own thinking.
- Get to grips with core texts but current research articles are good to discuss with your supervisor.

## Overcoming challenges

- Allow yourself space for personal reflection.
- Focus on the positives in the clients you are working with (i.e. improvements, resilience).
- Be non-judgemental.
- Be flexible – don't expect things to go a certain way, take your time, be open-minded, come out of your comfort zone.
- Use challenges to build your confidence for the next one.
- Develop your organisational and planning skills.
- Learn not to take things personally.
- Be open and honest with clients.
- Know where you stand on information-sharing and issues of confidentiality, discuss with your supervisor and establish the limits of confidentiality early on with clients.



# Top tips for working with specific client groups

## Inpatient services

- Read up on the specific presentations encountered in these services (e.g. eating disorders).
- Consider using a skills based approach (e.g. DBT) with clients who are more complex and may present with risk issues.
- Think about the relationships between the young people on the unit and what this is reflecting in their lives outside of hospital.
- Remember how difficult being discharged can be and expect reintegration into school/home life to be a slow process.

## Neuropsychology, neurodevelopmental and learning disability services

- Use multiple sources of information:
  - Use parent/carer interviews.
  - Speak to other professionals working with the child.
- Ask the child if they'd like to bring anything (e.g. teddy, etc.) into the session to make them feel more at ease.
- Psychometric tests:
  - Practise, practise, practise the tests!
  - Tests are very manualised but don't be afraid to be 'you'.
- Remember not to feel sorry for the children and young people because they would be someone else otherwise.
- Slow down your communication, use visual aids, be creative and give time for processing.
- Best not to wear strong perfume, bright/distracting clothes or jewellery.

## Paediatrics

- Be flexible – inpatient work can be unpredictable and the child could be discharged at short notice.
- Get to know the client and their family – what is home life like? What does the young person like to do? Don't just focus on the medical condition.
- Some cases may be emotive. Be mindful of any cases that resonate with you personally and use supervision to help you manage this.
- The work may involve difficult situations, family work and liaison with the young person's wider system – it can be helpful to set clear boundaries and have open discussions about information sharing and the limits of confidentiality.
- Don't be put off by the medical nature of the placement – this can seem overwhelming at first but you will quickly pick things up.
- Be confident in asking questions and clarifying complex medical terms to allow you to develop your understanding of different conditions and medications that may be important to your wider practice .
- If you can, shadow colleagues from other disciplines – this will help you to facilitate your understanding of the different roles, allow you to draw on their knowledge and experience and offer an insight into the different ways of working in this setting.
- Take any opportunities to attend training or teaching – even if it is not specifically of a psychological nature – it may enable you to gather important information about the service and the different conditions that you may work with.

## Perinatal/parent-infant services

- Get to know the network and if you can shadow other professionals: health visitors, midwives, staff in children's centres.
- Familiarise yourself with babies and parent-infant interactions (either through friends/family, observing a play session at a children's centre or by watching videos online).
- Have a good working knowledge of attachment theory.
- Think systemically – consider the couple relationship as well as the parent-infant relationship.
- Be flexible to suit the needs of new parents who may be struggling with the demands of a small baby. Consider how you could involve the father too.
- Consider other children, the baby's father (even if the parents aren't together), family members and how they might be impacted by perinatal mental health difficulties, or can be supportive.
- Be aware of the stigma and shame that can surround perinatal mental health difficulties and how this can impact on help-seeking.

## Services for looked-after and adopted children

- Have a good working knowledge of attachment theory.
- Look after yourself, be reflective and use supervision.
- Remember that children and young people have coped in a particular way for many good reasons.
- Be prepared to feel rejected – reflect, seek supervision and be flexible.

# Top tips as suggested by young activists involved in the Young Minds CYPF Youth Panel

- Each young person is different. Get to know the young people individually. Diagnosis does not mean that young people will respond to treatment in the same way.
- Give the young people choices: some young people will like you to read their previous records so that they don't have to go through all of the assessment questions again, other young people will prefer for you to see them without any prior knowledge of their care/history. Have a conversation with them about what they want, and be clear about all the different treatment options.
- Think about how to handle different emotions that the young person might present with in the session (e.g. anger).
- Make sure that you have an awareness of technology and social media and how young people use it.
- Carefully consider the endings of sessions and how the end of a placement can impact upon the young person that you are working with.
- You don't always need to be formal and professional; sometimes just acknowledge how we are feeling and talk to us. Try to get to know us in different ways – with more creativity, and be flexible with your time. If you are working in an in-patient environment, spend time with the young people more informally, outside of sessions, as it will help you to understand us more as young people, not just clients. Get involved if you can in young person involvement work or other activities.
- Don't always take things at face value. If a young person says that they are okay, they might not be. Also, young people might not act the same in sessions as they do at home, so it is important to listen to what their family say too.
- To help with engagement or for the young person to feel comfortable, it can help for you to have a joint handover or assessment with the young person and the referrer whom they will already have met.
- Be open about the processes of therapy – what you are doing and why. Make sure that you share reports/letters with the young person before they are sent off.
- It is important to have some understanding of the different difficulties young people may have.
- Never give up on the young person. They might not react in the way that you want them to do in therapy, but show them that you care and they are valued, and that you won't give up.

## Section 3: Recommended resources

In this section we have listed the books, papers, websites and other resources that respondents listed as being particularly helpful during their child placements. The list is not exhaustive and we have not reviewed each reference. Resources will change and develop and you will come across many more helpful resources during your training. However, we hope that this will be a useful starting or reference point during your child work.

### Useful websites

**<http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-children-young-people-and-their-families>** (Faculty of Children, Young People and their Families webpage with useful information, resources, event information and discussion forum.)

**<http://www.bps.org.uk/networks-and-communities/member-microsite/division-clinical-psychology/careers>** (DCP Pre-Qualification Group webpage with useful resources and information about events applicable to aspiring clinical psychologists.)

**[www.getselfhelp.co.uk](http://www.getselfhelp.co.uk)** (Accessible worksheets, metaphors, handouts.)

**<http://www.solihullapproachparenting.com/information-for-parents>** (Helpful leaflets explaining child development.)

**<http://deevybee.blogspot.co.uk>** (Views on language impairments.)

**[www.youngminds.org.uk](http://www.youngminds.org.uk)** (Charity committed to improving the emotional wellbeing and mental health of children and young people with lots of helpful links and resources.)

**[www.corc.uk.net](http://www.corc.uk.net)** (Helpful for CYP-IAPT, outcome measures, scoring tools and other resources.)

**<https://bigwhitewall.com>** (A safe, anonymous, online community of people expressing what they are having difficulties with. Monitored by professionally trained 'wall guides'.)

**[www.minded.org.uk](http://www.minded.org.uk)** (Free, educational resources on children and young people's mental health for all adults.)

**[www.mycamhschoices.org](http://www.mycamhschoices.org)** (Website co-produced with young people with experience of CAMHS to explain services, therapy, diagnosis, confidentiality etc.)

**[http://choosing.org.uk/English\\_Home.aspx](http://choosing.org.uk/English_Home.aspx)** (Website based on 'Drawing on the Evidence' 2006 with accessible information about interventions and their evidence base for children and adolescents.)

**<http://www.1001criticaldays.co.uk>** (Highlights the importance of intervening early in the 1001 critical days between conception and age 2 to enhance outcomes for children.)

## Useful books and papers

Baum, S. & Lynggaard, H. (Eds.) (2006). *Intellectual disabilities: A systemic approach*. London: Karnac Books.

Briers, Stephen (2008). *Superpowers for parents: The psychology of great parenting and happy children*. Pearson Education.

Carr, A. (2006). *The handbook of child and adolescent clinical psychology: A contextual approach* (2nd ed.). Hove: Routledge.

Cecchin, G., Lane, G. & Ray, W.A. (Eds.). *Irreverence: A strategy for therapists' survival (The systemic thinking and practice series)*. London: Karnac Books.

Christensen, K., Riddoch, G. & Eggers Huber, J. (2009). *Dialectical behavior therapy skills, 101 mindfulness exercises and other fun activities for children and adolescents: A learning supplement*. US: Author House.

Creswell, C. (2007). *Overcoming your child's fears and worries: A self-help guide using cognitive behavioral techniques*. UK: Robinson.

Derisley, J. (2008). *Breaking free from OCD: A CBT guide for young people and their families*. London: Jessica Kingsley.

Division of Clinical Psychology (2015). *What good looks like in psychological services for children, young people and their families. The Child & Family Clinical Psychology Review, 3*. Leicester: The British Psychological Society.

Edwards, M. & Titman, P. (2010). *Promoting psychological well-being in children with acute and chronic illness*. London: Jessica Kingsley.

Egan, G. (2013). *The skilled helper* (10th ed.). US: Brooks/Cole.

Epston, D., Freeman, J. & Lobovits, D. (1997). *Playful approaches to serious problems: Narrative therapy with children and their families*. New York: W.W. Norton.

Fredman, G., Christie, D. & Bear, N. (2007). Reflecting teams with children: The bear necessities. *Journal of Clinical Child Psychology and Psychiatry, 12*, 211.

Gerhardt, S. (2004). *Why love matters: How affection shapes a baby's brain*. Hove: Brunner-Routledge.

Greig, A. & MacKay, T. (2013). *The Homunculi approach to social and emotional wellbeing: A flexible CBT programme for young people on the autism spectrum or with emotional and behavioural difficulties*. London: Jessica Kingsley.

- Hedges, F. (2005). *An introduction to Systemic Therapy with individuals: A social constructionist approach*. UK: Palgrave Macmillan.
- Hobday, A., & Ollier, K. (1998). *Creative therapy: Activities with children and adolescents*. London: Wiley-Blackwell.
- Howe, D. (2005). *Child abuse and neglect: Attachment, development and intervention*. UK: Palgrave Macmillan.
- Hughes, D.A. (1998). *Building the bonds of attachment: Awakening love in deeply troubled children*. UK: Jason Aronson.
- Johnstone, L. & Dallos, R. (2013). *Formulation in psychology and psychotherapy: Making sense of people's problems* (2nd ed.). Hove: Routledge.
- Latta, N. (2012). *The politically incorrect parenting book: 10 No-nonsense rules to stay sane and raise happy kids*. UK: Vermillion.
- Law, D. & Wolpert, M. (Eds.) (2014). *Guide to using outcomes and feedback tools with children, young people and families*. Child Outcomes Research Consortium.
- Minuchin, P., Colapinto, J. & Minuchin, S. (1998). *Working with families of the poor* (2nd ed.). UK: Guilford Press.
- Morgan, A. (2000). *What is Narrative Therapy?: An easy to read introduction*. Adelaide: Dulwich Centre Publications.
- Rothschild, B. (2000). *The body remembers: The psychophysiology of trauma and trauma treatment*. New York: W.W. Norton.
- Schofield, G. & Beek, M. (2006) *Attachment handbook for foster care and adoption*. British Association for Adoption and Fostering. London: CoramBAAF.
- Sergeant, A. (2009). *Working within child and adolescent mental health inpatient services: A practitioner's handbook*. UK: National CAMHS Workforce Programme, National CAMHS Support Service (NCSS).
- Silver, M. (2013). *Attachment in common sense and doodles: A practical guide*. London: Jessica Kingsley.
- Smith, P., Perrin, S., Yule, W. & Clark, D.M. (2009). *Post traumatic stress disorder: Cognitive therapy with children and young people*. Hove: Routledge.
- Stallard, P. (2002). *Think good – feel good: A cognitive behaviour therapy workbook for children and young people*. Chichester: John Wiley.
- Stallard, P. (2008). *Anxiety: Cognitive behaviour therapy with children and young people*. Hove: Routledge.

- Sunderland, M (2000). *Using story telling as a therapeutic tool with children*. Speechmark: UK.
- Temple, C. (1997). *Developmental cognitive neuropsychology (brain, behaviour and cognition)*. Hove: Psychology Press.
- Tomm, K. (1987a). Interventive interviewing: Part I. Strategizing as a fourth guideline for the therapist. *Family Process*, 26, 2–13.
- Tomm, K. (1987b). Interventive interviewing: Part II. Reflexive questioning as a means to enable self-healing. *Family Process*, 26, 153–183.
- Tomm, K. (1988). Interventive interviewing: Part III. Intending to ask lineal, circular, reflexive and strategic questions? *Family Process*, 27, 1–15.
- Webster-Stratton, C. (2006). *The incredible years: A trouble-shooting guide for parents of children aged 2–8 years*. Seattle: The Incredible Years.
- Verduyn, C., Rogers, J. & Wood, A. (2009). *Depression: Cognitive behaviour therapy with children and young people*. Hove: Routledge.
- Waite, P. & Williams, T. (Eds.) (2009). *Obsessive compulsive disorder: Cognitive behaviour therapy with children and young people*. Hove: Routledge.
- Webster-Stratton, C. & Herbert, M. (1994). *Troubled families, problem children: working with parents: A collaborative process*. Chichester: Wiley.
- White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. New York: W.W. Norton.
- Wilson, J. (1998). *Child-focused practice: A collaborative systemic approach*. England: Karnack Books.
- Woodcock, L. (2010). *Managing family meltdown: The low arousal approach and autism*. London: Jessica Kingsley.

## Books for children

Dawson, J. & Hewitt, O. (2016). *Mind your head*. UK: Hot Key Books. (General information on a range of mental health topics emphasising opening up, how and where to get help, and examples from young people.)

Derisley, J. (2008). *Breaking free from OCD: A CBT guide for young people and their families*. London: Jessica Kingsley.

Ironside, V. & Rodgers, F. (2011). *The huge bag of worries*. London: Hodder. (Story book for younger children.)

Reynolds, S. & Parkinson, M. (2015). *Am I depressed and what can I do about it?* UK: Robinson. (Self-help book based on CBT.)

Sedley, B. (2015). *Stuff that sucks: Accepting what you can't change and committing to what you can*. UK: Robinson. (ACT based book with ideas about mindfulness and managing difficult thoughts.)

Van Dijk, S. (2011). *Don't let your emotions run your life for teens*. Oakland: New Harbinger Publications. (Workbook for Teens based on DBT.)

*The drawing out feelings series* by Marge Heegaard (e.g. *When something terrible happens: Children can learn to cope with grief*, *When someone has a very serious illness: Children can learn to cope with loss and change*, *When a family is in trouble: Children can cope with grief from drug and alcohol addiction*, *When someone very special dies: Children can learn to cope with grief*)

The '*What to do*' guides for kids by Dawn Huebner & Bonnie Matthews (e.g. *What to do when you worry too much: A kid's guide to overcoming anxiety*, *What to do when your temper flares: A kid's guide to overcoming problems with anger*, *What to do when you dread your bed: A kid's guide to overcoming problems with sleep*)

*The gremlin and thief* CBT workbooks by Kate Collins-Donnelly (e.g. *Starving the anger gremlin: A cognitive behavioural therapy workbook for anger management for young people*, *Starving the anxiety gremlin*, *Banish your self-esteem thief*, *Banish your body image thief*)

Margot Sunderland series by Speechmark publishing (e.g. *A niffleloo called nevermind: A story for children who bottle up their feelings*)

The '*Can I tell you about...*' series by Jude Welton (e.g. *Can I tell you about asperger syndrome?*, *Can I tell you about autism?*, *Can I tell you about ADHD?*)

The '*Overcoming...*' series by Cathy Creswell and Lucy Willetts (e.g. *Overcoming your child's fears and worries: A self-help guide using cognitive behavioural techniques*)

See also the Reading Well list which has been developed by the Reading Agency and includes fiction and non-fiction titles about mental health topics for young people and parents (including psychoeducation and self-help titles) – <http://reading-well.org.uk/books/books-on-prescription/young-people-s-mental-health>

## Other publications

*The Psychologist* – a monthly publication from the British Psychological Society providing a forum for communication, discussion and debate on a wide range of psychological topics.

*Clinical Psychology Forum* – a monthly publication circulated to all members of the BPS Division of Clinical Psychology. A discussion forum for members with articles, reviews and editorials.

*Understanding Formulation* – a service user leaflet explaining formulation (may also be suitable for parents and teenagers) [http://www.bps.org.uk/system/files/Public%20files/understanding\\_formulation.pdf](http://www.bps.org.uk/system/files/Public%20files/understanding_formulation.pdf).

And the CYP version: <https://www.bps.org.uk/system/files/user-files/Division%20of%20Clinical%20Psychology/public/Formulation%20young%20people.pdf>

*Child and Family Clinical Psychology Review* – an annual publication from the Faculty of Children, Young People and their Families centered on a key clinical or professional theme.

*What good looks like in psychological services for children, young people and their families* – special issue of the *Child and Family Clinical Psychology Review* that is a practical handbook providing guidance on the provision of good quality psychological services and aids understanding of what causes children to develop mental health problems and what can be done to help, including the roles that psychologists and other practitioners can play.

*CYPF Faculty Newsletter* – a regular newsletter published by the BPS Faculty of Children, Young People and their Families to keep members up to date on key strategy aims and developments in key areas of the profession and faculty.

*Seeing a Clinical Psychologist: FAQ's for Young People* – a leaflet co-produced by young people and clinical psychologists answering many of the questions young people have when they are referred to see a clinical psychologist (currently in development with Young Minds and the CYPF Faculty, due Autumn 2016).

*The Psychologist Guide to You and Your Baby* – an evidence-based leaflet written by Ella Rhodes (Staff Journalist, *The Psychologist*) to be passed onto a wider audience. <http://thepsychologist.bps.org.uk/volume-29/january-2016/psychologist-guide-you-and-your-baby>

## Other resources

- Free apps available to download on smart phones (e.g. thought diaries, mindfulness exercises)
- Links to useful information, events and opinion by following the PQG and CYPF on Twitter:
  - @DCPPreQual
  - @psych\_cypf
- Pens, pencils, crayons, other art materials
- Big sheets of paper to draw things out with young people
- Things for children to fiddle with in sessions (e.g. pipe cleaners, mini puzzles)
- Play-doh
- Toys and games to help engagement (e.g. connect4, Lego)
- Puppets
- Colouring pages
- Stickers

'Have things for young people to twiddle with.'

'Young people often like to draw things out with you.'

'I always have a stash of pens and paper in my bag with me.'

'Resources are everything when working with children.'

## About the Pre-qualification Group

The Pre-Qualification Group is here to support and represent you in the pursuit of becoming a qualified clinical psychologist, ensuring your views and needs are integrated into the activities of the British Psychological Society (BPS) and Division of Clinical Psychology (DCP).

### **Membership**

Membership of the Pre-Qualification Group is open to Graduate members of the Society who are either in a 'pre-training' role (e.g. assistant psychologists, support workers, aspiring clinical psychologists) or are 'in training' (i.e. individuals who are on an accredited clinical psychology doctorate course).

### **Joining the Pre-qualification Group**

The Pre-Qualification Group is part of the British Psychological Society's Division of Clinical Psychology. You automatically become a member of the Pre-Qualification Group when you join the DCP at either the General (Pre-Training) or In-Training grades at no extra cost.

For further details on the Pre-Qualification Group, please visit:

<http://www.bps.org.uk/networks-and-communities/member-microsite/division-clinical-psychology/careers>

## About the Faculty for Children, Young People and their Families

The Faculty of Children, Young People & their Families (CYPF) is made up of clinical psychologists who specialise in working with children, young people and their families. The Faculty aims to support members to deliver high quality services for children, young people and families and promote psychological principles and research to the world outside the profession; and to influence and shape key policy around health, education and social care to improve the psychological wellbeing of children and families.

### Membership

Membership of the Faculty is open to all members of the DCP and we welcome members at all stages of their career. Faculty membership includes the following benefits:

- Access to specialist Faculty networks (e.g. Paediatric Psychology, Children with Learning Disabilities, Infant Mental Health Network, Working with Looked After Children)
- Reduced CPD event and conference fees and access to bursaries only open to pre-qualified members
- Opportunities to get involved in projects being conducted by the Faculty.

### Joining the Faculty for Children, Young People and their Families

Pre-Qualified members of the British Psychological Society's Division of Clinical Psychology can join the faculty as 'affiliate' members and get all the membership benefits for just £15 per year. For further details on joining the faculty, please visit: <http://www.bps.org.uk/networks-and-communities/member-microsite/dcp-faculty-children-young-people-and-their-families/joining-and-benefits>

## My tips and resources

## My tips and resources

## Your feedback

Whilst we have collected and summarised a huge wealth of information in this document, we cannot be exhaustive. We would be really interested to hear how you are using the document and welcome your feedback if this document has been helpful to you or you have suggestions of tips and resources that could be added to future revisions. Tweet us using the contacts in the Other resources section or email us at **[dcpq@bps.org.uk](mailto:dcpq@bps.org.uk)**

## For more information

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