Session Competency Framework – Version 3

INTRODUCTION

This competency framework is consistent with the CAMHS competency framework developed by Roth, Pilling and Calder (CORE, 2011). It is designed to assess an individual's skills as a CBT practitioner with children and young people in a particular session. It can be used to assess the practice of others, but also for CBT practitioners to assess their own practice, both as a guide to essential elements of CBT practice with children and young people and also as a means of reflecting on the work demonstrated in a session.

The framework is divided into sub–groups of competencies which aim at facilitating different aspects of CBT with children. Some of these are core therapeutic competencies, which should be evident in every session (marked with a star★). Others are com–petencies and skills that it would not be possible or appropriate to include in every session. Although the scale addresses individual work with child/young person and young people, it also includes other people with whom CBT practitioners work, such as parents and teachers. It is important to demonstrate consideration of systemic factors in the session.

Each competency has a succinct descriptor followed by examples given to illustrate each competency. These are given as a guide rather than a comprehensive list of therapist behaviour and therapists are not expected to show all of them in one session. There are three pos–sible outcomes relating to the level of competence demonstrated for each category within the framework.

1 Competent:

- The therapist is either competent or highly competent in carrying out this aspect of CBT with child/young person and young people.

2 Partially competent:

Either

- The therapist demonstrates some of the descriptors relating to the competence
- The therapist demonstrates the competence occasionally but not consistently
- The therapist demonstrates sufficient competence for their level of training, but not yet reached full competence.

3 Not competent:

Either

- The therapist does not demonstrate sufficient evidence of this skill on this DVR
- The therapist has demonstrated incompetence in relation to this skill.

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A	SETTING THE RIGHT CONTEXT*	Competent?		
	The therapist ensures the context of therapy is appropriate for the child/young person.			
		Yes	Partial	No
A1	**Ethical practice**	☐	☐	☐
	The therapist is aware of and acts appropriately in relation to ethical issues, as demonstrated by:			
	• If an issue arises in relation to consent and confidentiality, the therapist acts appropriately; addressing this with the child/young person/their carers where necessary.			
	• The therapist sets appropriate boundaries (personal and session) with the child/young person.			
	• If an issue arises in relation to risk, the therapist acts appropriately; addressing it with the child/young person/their carer where necessary.			
	• The therapist acts within the limits of their competence.			
A2	**Active reference to and/or involvement of parent/carer/family members**	☐	☐	☐
	The therapist is aware of the family context and/or living context of the child/young person, as demonstrated by:			
	• Incorporating family/living context factors into the formulation, discussing the impact of family factors on the child/young person, thinking about things from the perspective of other family members, and/or involving other family members in the session where appropriate.			
	• Ensuring the family have a clear rationale for the treatment, and involving them in it where appropriate.			
	• Integrating CBT and family CBT ideas/models/theories in the therapy.			
A3	**Active reference to school/college/work factors and/or involvement of school/college staff/people at work**	☐	☐	☐
	The therapist is aware of the child/young person's school/college/work context and relationships there (such as with teachers and peers), as demonstrated by:			
	• Incorporating school/college/work factors into the formulation where appropriate, discussing the impact of these factors on the child/young person, thinking about things from the perspective of members of school/college/work staff or peers, and/or involving members of the school/college/work peer group in the session where appropriate.			
	• Ensuring school/college staff have clear rationale for the treatment, and involving them in the CBT intervention with the child/young person where appropriate.			

B	THERAPEUTIC ALLIANCE ★		Competent?	
	The therapist works to build a therapeutic alliance with the child/young person/carer.	Yes	Partial	No
B1	**Empathy**	☐	☐	☐
	The therapist is empathic towards the child/young person/carer, as demonstrated by:			
	• Picking up on, acknowledging and responding appropriately to the child/young person's verbal and non-verbal expression and responses, such as distress, excitement, pride, anxiety, etc.			
	• The therapist listens to and validates the child/young person's thoughts and feelings where appropriate.			
	• The therapist engages with the concerns of the family/carers where appropriate as well as the child/young person.			
B2	**Child/young person-centred**	☐	☐	☐
	The therapist takes a child/young person-centred approach in the session, as demonstrated by:			
	• Communicating appropriately with the child/young person, taking account of their developmental level and ability.			
	• Demonstrating an interest in and understanding of the child/young person's perspective.			
	• Finding verbal and non-verbal ways of encouraging the child/young person to be active in the session.			
	• Where necessary, being flexible and adapting to the wishes and needs of the child/young person.			
	• Being aware of and responsive to the needs of the child in the session, e.g. noticing and responding appropriately if the child does not understand something, or noticing and responding appropriately if the child is bored/tired.			
B3	**Creativity**	☐	☐	☐
	The therapist is creative in their therapeutic work, as demonstrated by:			
	• Using an appropriate range and type of therapeutic methods, adapted to suit the developmental level of the child/young person, e.g. talking, drawing, questionnaires, metaphor, role play, puppets.			
	• Using methods that are engaging for the child/young person, and tailored around their individual skills and interests.			
	• Using methods that enable the child/young person to access and understand the CBT model and facilitate guided discovery.			

C	**COLLABORATIVE PRACTICE ***	Competent?		
	The therapist demonstrates the ability to work together with the child/young person and their family to address their difficulties/concerns.	*Yes*	*Partial*	*No*
C1	**Joint session planning**	☐	☐	☐
	The therapist and child/young person agree what topics will be covered in the session, which is used to guide the session, as demonstrated by:			
	• The therapist and child/young person making a plan for the session together at the start.			
	• The therapist encouraging the child/young person to be actively involved in making decisions about this plan, ensuring that the child/young person has a say in topics and activities to be covered and the order of these activities, and even takes the lead in this process where possible.			
	• The session plan is referred to during the session – although it can be modified according to the needs of the child/young person and issues that might arise during the session as appropriate.			
C2	**Being goal focused**	☐	☐	☐
	The therapist and child/young person set goals for treatment, which they agree on, and are overtly used to guide the focus of therapy in the sessions, as demonstrated by:			
	• The therapist discusses and negotiates/agrees with the young person goals/targets for the end of therapy.			
	• The goals/targets are described in concepts and language that are understandable to the child/young person.			
	• The goals/targets are referred to in planning and reviewing activities in the session.			
C3	**Providing a rationale**	☐	☐	☐
	The therapist ensures that the child/young person (and their family/carers where appropriate) understand the reason for therapy as a whole, as well as the reason for activities and tasks engaged in during the course of the therapy, as demonstrated by:			
	• The therapist checking that the child/young person understands the rationale behind activities undertaken within the sessions, and for homework.			
	• Clearly linking activities to the child/young person's overall goals/targets.			
	• Clearly linking activities and goals/targets to the formulation where appropriate.			

		Competent?		
		Yes	*Partial*	*No*
C4	**Summarising**	☐	☐	☐
	The therapist (or the parent or young person) summarises both the content and key learning points from the session where appropriate, as demonstrated by:			
	• Summarising what the child/young person says, and ensuring they have understood them correctly.			
	• Summarising what has been said and/or done at regular intervals in the session, and at the end of the session, facilitating the child/young person's understanding and synthesis of key points.			
	• Using language understandable to the child/young person when summarising what has been said, incorporating the child/young person's words where appropriate.			
	• Encouraging the child/young person to be involved in the summarising, where appropriate.			
C5	**Seeking feedback**	☐	☐	☐
	The therapist seeks feedback from the child/young person during the session, as demonstrated by:			
	• Checking with the child/young person throughout the session as to what he/she may think about ideas and suggestions the therapist and/or the child/young person has made.			
	• Seeking feedback from the child/young person about their understanding and experience of the session, especially what was helpful/unhelpful.			
C6	**Monitoring and evaluating progress**	☐	☐	☐
	The therapist uses a variety of methods, both quantitative and qualitative, during and at the end of treatment, to assess progress and outcome of therapy, as demonstrated by:			
	• The use of quantitative methods, such as mood ratings, standardised questionnaires, rating progress towards goals.			
	• The use of qualitative methods, such as behavioural change (e.g. increased involvement in activities) and verbal report.			
	• Assessing progress and outcomes from the point of view of the child/young person, as well as significant others in their life where appropriate, such as parents/carers, teachers.			

D	STRUCTURING THE THERAPEUTIC PROCESS*	Competent?		
	The therapist structures the session in a way that supports the therapeutic process.			
		Yes	*Partial*	*No*
D1	**Preparing for the session**	☐	☐	☐
	The therapist is adequately prepared for the session, as demonstrated by:			
	• Preparing enough for the session in advance, so the session is calm and not chaotic.			
	• Bringing appropriate equipment and having it ready.			
	• Planning activities in advance where appropriate (but not sticking to them rigidly if this does not meet the needs of the child/young person).			
D2	**Pacing and time management**	☐	☐	☐
	The therapist ensures that the session is carried out at a pace appropriate to the child/young person, and the agreed session plan, as demonstrated by:			
	• The session contains an appropriate number of activities for the child/young person concerned.			
	• Activities are not rushed, but also are not over-long so the child/young person loses focus/interest.			
	• The therapist leaves enough time at the end for review and reflection.			
	• The therapist is able to manage full or partial family/carer sessions when necessary.			
D3	**Between-session tasks**	☐	☐	☐
	The therapist encourages the child/young person/parent to engage in tasks between sessions that facilitate therapeutic progress, as demonstrated by:			
	• Reviewing between-session tasks that were set the previous week: The therapist praises completed tasks, and gives adequate time to discuss and reflect on lessons learnt. If tasks have not been done, this is explored in a non-punitive manner, including problem-solving around how future tasks could be done.			
	• Negotiating new between-session tasks. The therapist ensures that these tasks make sense in relation to the content of the session, goals and formulation and encourages the child/young person to be actively involved in this process, and to define their own tasks where possible.			
	• The therapist spending enough time explaining the between-session tasks and the rationale for them. There is enough discussion about the practical aspects of how tasks are going to be completed, e.g. where/when/supported by whom etc., checking out obstacles.			
	• Where parents/carers need to be involved with between-session tasks, this is fully negotiated with them and the child/young person.			

E CBT SKILLS AIMED AT FACILITATING UNDERSTANDING

The therapist uses CBT techniques to facilitate the child/young person's understanding of their life experiences and their problems.

		Competent?		

		Yes	Partial	No
E1	**Psycho-education about CBT**	☐	☐	☐

The therapist provides psycho-education to the child/young person and their family, and ensures that it is understood, as demonstrated by:

- Provision of information about different theoretical concepts, such as the CBT model (e.g. the links between thoughts, feelings, behaviour and physiology).
- Provision of information about psychological and emotional difficulties (e.g. models of depression, anxiety, PTSD).
- The therapist uses a variety of methods to deliver this psycho-education as appropriate, e.g. handouts, questionnaires, stories, metaphor, helping the child/young person draw up their own cycle.
- The therapist checks out that the child/young person has understood the psycho-education and how it links to themselves.

		Yes	Partial	No
E2	**Recognising emotions**	☐	☐	☐

The therapist helps the child to recognise and distinguish between different emotions, both in themselves and others, and to differentiate between different levels of emotion, as demonstrated by:

- The therapist helps the child/young person to distinguish between different emotions, e.g. emotional recognition work, where this is necessary and appropriate.
- The therapist helps the child/young person to develop an appropriate vocabulary for emotions.
- The therapist encourages the child/young person to learn that emotions can be experienced at different levels, e.g. rating their emotions.

		Yes	Partial	No
E3	**Discovering cognitions**	☐	☐	☐

The therapist helps the child/young person/their family/carers as appropriate to gain access to his/her cognitions (including thoughts, assumptions/rules and beliefs), as demonstrated by:

- The use of a range of methods aimed at identifying cognitions, such as questionnaires, role play, puppets, cartoons and drawings.
- The therapist actively demonstrates interest in how the child/young person understands themselves, their relationships and the world in general.
- The therapist uses specific cognitive techniques such as the downward arrow or use of imagery to explore assumptions and beliefs.

(N.B. This is distinguished from the therapist facilitating the child/young person's examination of the reality/usefulness of this cognition – which is rated in F5 – cognitive change methods – below).

	Competent?		
	Yes	*Partial*	*No*
E4 **Developing a shared formulation**	☐	☐	☐

The therapist helps the child/young person understand different aspects of their current life experience, and enables them to think about this in a coherent way including linking current and past aspects of the child/young person's life, as demonstrated by:

- The therapist actively refers to the process of improving understanding as a key part of therapy.
- The therapist builds up simple and more complex formulations together with the child/young person.
- The therapist draws up thought/feeling/behaviour cycles in the here and now that are linked specifically to the child/young person's difficulties, and helps them identify factors that contribute to the maintenance of their difficulties.
- The therapist explores the child/young person's previous life experiences, e.g. drawing up a time line.
- The therapist explores the links between the child/young person's current strengths and difficulties, and their previous life experience, to help them develop an understanding of the development of their difficulties and the different aspects of their current life experiences (e.g. rules/beliefs about themselves, others and the world).
- The therapist incorporates systemic factors into formulations where appropriate.
- The therapist makes reference to relevant theory and literature appropriate to the formulation where appropriate, e.g. refers to disorder-specific formulation models.

F	CBT SKILLS AIMED AT FACILITATING COPING, ACCEPTANCE AND CHANGE	Competent?		
		Yes	Partial	No
	In agreement with the young person and/or parent, the therapist uses CBT skills and techniques to facilitate the child/young person's ability to cope, accept how things are, and/or change.			
F1	**Developing coping strategies and acceptance**	☐	☐	☐
	The therapist supports the development of new coping strategies and acceptance where appropriate, as demonstrated by:			
	• Teaching new skills and techniques to manage stress and difficult feelings e.g. relaxation, distraction.			
	• Teaching cognitive techniques to monitor states of mind to enhance coping e.g. mindfulness.			
	• Using techniques to explore the relationship of self to problem in order to facilitate acceptance and compassion.			
F2	**Problem-solving**	☐	☐	☐
	The therapist and child/young person work through one or more problems together, as demonstrated by:			
	• Analysing the difficulty, considering possible alternative solutions, including previous solutions the child/young person found helpful, and thinking about how others might be involved in a solution.			
	• Thinking with the child/young person about coping strategies that they use currently, and which work/don't work.			
	• Discussing ways of managing/tolerating difficult emotions.			
F3	**Encouraging positive behaviour**	☐	☐	☐
	The therapist uses behavioural principles of contingency management to highlight and reinforce desired behaviours and withholds reinforcement of undesired behaviours, as demonstrated by:			
	• Offering praise and encouragement to the child where appropriate, with the aim of reinforcing desired behaviours, e.g. appropriate coping strategies, praising completed tasks, noticing steps they have made in the right direction.			
	• Making use of rewards developed in an idiosyncratic way where appropriate, e.g. use of sticker charts/certificates, encouraging a young person to self-reward.			
	• Being aware of the impact of contingency management from others in the system and acting to address this where necessary, e.g. encouraging others to use reward systems/ignore negative behaviour.			

		Yes	Partial	No
F4	**Specific behavioural change techniques**	☐	☐	☐
	The therapist uses behavioural methods to facilitate change, as demonstrated by:			
	• Planning behavioural work such as developing graded hierarchies.			
	• The exploration and encouragement of behavioural practice between sessions e.g. behavioural activation.			
	• The practice of new behaviours in the session through role play or other methods e.g. anxiety management.			
	• The use of live practice by joining the young person in specific environments e.g. travelling on a bus.			
	• The discussion with a parent about supporting behavioural practice between sessions.			
F5	**Cognitive change methods**	☐	☐	☐
	The therapist uses a range of methods to facilitate the child/young person's ability to take a step back from their cognitions, and evaluate whether they are realistic and/or helpful to them. These methods might include:			
	• Helping a child/young person to develop adaptive self-talk in difficult situations.			
	• Using Socratic questioning/guided discovery to explore ideas/beliefs that the young person holds. (N.B. It is important that the therapist uses the Socratic method, rather than, 'persuasion' when discussing these ideas/beliefs.)			
	• Rating strength of belief in cognitions, evidence for and against cognitions, rules sheets, continuum work.			
	• Devising and discussing behavioural experiments for testing out old and new cognitions.			
	(N.B. This is distinguished from the therapist facilitating the child/young person's *discovery* of their cognitions, which is rated in E3 – discovering cognitions – above.)			

Recommendation: PASS ☐ FAIL ☐

Overall positive comments in relation to competencies:

Targets for development in relation to competencies: