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Children and Young People's Improving Access to Psychological Therapies Programme

National Curriculum for Evidence Based Psychological Therapies for Children and Young People with Autism and / or Learning Disability

NHS England

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Glossary

ADHD – Attention Deficit Hyperactivity Disorder

AfC – Agenda for Change

AVIG – Alternative Video Interaction Guidance

BABCP – British Association for Behavioural & Cognitive Psychotherapies

BRIEF -

CAMHS – Child and Adolescent Mental Health Services

CAPA – Choice and Partnership Approach

CYBOCS – Children's Yale-Brown Obsessive Compulsive Scale

CYP – Children and Young People

CYP IAPT – Children and Young People's Improving Access to Psychological Therapies

DAWBA – Development and Well-Being Assessment

DBC – Developmental Behaviour Checklist

DSM – Diagnostic and Statistical Manual of Mental Health

EEBP – Enhanced Evidence Based Practice

HEI – Higher Education Institution

ICD – International Statistical Classification of Diseases and Related Health Problems

KSA – Knowledge and Skills Assessment

KSADS – Kiddie-Sads

LD – Learning Disability

MFQ – The Mood and Feeling Questionnaire

NICE – National Institute of Clinical Excellence

OCD – Obsessive Compulsive Disorder

OT – Occupational Therapist

SCARED – Screen for Child Anxiety Related Disorders

SCQ – Social Communication Questionnaire

SDQ – Strengths and Difficulties Questionnaire

SFP – Systemic Family Practice

SLT – Speech and Language Therapist

VIG – Video Interaction Guidance

VOCAS – Voice Output Communication Aides

Introduction

The Psychological Therapies for Children and Young People with an Autism and/or Learning Disability curriculum has been developed as part of the Child and Young People Improving Access to Psychological Therapies programme (CYP IAPT). Both parents and clinicians agree that CYP with Autism and Learning Disability often do not receive the psychological help they deserve because those trained in delivering evidence based therapies feel inadequately trained in adaptations of these to CYP with Autism or Learning Disabilty diagnoses and those with significant experience of working with these groups are insufficiently trained in evidence-based methods of therapy. This curriculum complements existing CYP IAPT curricula in specialist psychological therapies and the Enhanced Evidence Based Practice (EEBP) curriculum. It focuses on ensuring that clinicians and practitioners are familiar with the best evidenced practice for the treatment of children or young people with Autism or learning disabilities.

The programme is divided into two components. Module 1 will provide an appropriate introduction to all those working with CYP with Autism and Learning Disability. This includes a broad range of clinicians at a range of Agenda for Change (AfC) bandings. Modules 2-4 provide a more thorough training in the knowledge, skills and competencies required for delivering evidence based therapies to this group.

Key guidance

- Autism in under 19s: recognition, referral and diagnosis, NICE guidelines [CG128] Published date: September 2011
- Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges, NICE guidelines [NG11] Published date: May 2015
- Autism in under 19s: support and management, NICE guidelines [CG170] Published date: August 2013

Entry Requirements

The full programme is intended for practitioners working specifically in the field of Autism or learning disabilities, as well as those in the broader CAMHS community who work with CYP with Learning Disability/Autism. The programme will be open to all staff working or intending to work as part of a multidisciplinary Autism/Learning Disability team with graduate level qualifications. The programme is also open to those without graduate level qualifications if the HEI the option of graduate certificate award is available. Alternative access routes should be available for entry to the programme. All applicants will need to demonstrate a basic level of clinical competence and experience of having worked with this clinical group at least one year.

Students on the programme must meet the following entry requirements:

1. A training in a mental-health related profession (e.g. psychology, nursing, social-work, occupational therapy, speech and language therapy, special needs teaching, psychiatry, other psychotherapy, counselling).

2. If applicants do not have a core profession listed above (e.g. health visitors, early intervention workers), yet feel they have sufficient experience in the below, access can be via the knowledge and skills assessment (KSA) route

3. Two year's experience of working within a professional setting concerned with the mental health of children and young people or families.

4. Some experience of working with families.

Statement of definitions

In this document, the term Autism describes qualitative differences and impairments in reciprocal social interaction and social communication, combined with restricted interests and rigid and repetitive behaviours. Autism spectrum disorders are diagnosed in children, young people and adults if these behaviours meet the criteria defined in the International Statistical Classification of Diseases and Related Health Problems (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM 5) and have a significant impact on function (see NICE guidelines, 2011)

A child is considered to have learning disabilities if three core criteria are met, specifically: lower intellectual ability (usually an IQ of less than 70), significant impairment of social or adaptive functioning, and onset in childhood. Learning disabilities are different from specific learning difficulties such as dyslexia, which do not affect intellectual ability. Although the term 'intellectual disability' is becoming accepted internationally, 'learning disability' is the most widely used and accepted term in the UK, used in NICE guidance and is therefore used throughout this document (See NICE guidelines, 2015)

Overarching principles and other assumptions

The curriculum assumes a developmental perspective on disability in which the person has opportunity to develop and change following environmental interventions. With this comes an attitude that positive change is possible (i.e. that fatalism about outcomes is eschewed). Further, the curriculum assumes that the environment can impact idiosyncratically on Autism or Learning Disability and vice-versa in a transactional manner and that practitioners at all levels need to understand and be able to analyse environments in their impacts. The curriculum suggests taking a broad ('systemic') view of the environment to encapsulate the immediate interpersonal environment of other people and their behaviours, the immediate physical environment (organisation/sensory aspects), the family, the wider social environment of for instance organisational ethos of school, adaptations for access and, even more broadly, the political statutory environment. The curriculum takes a lifespan perspective, which may be of particular significance at the time of transitions (e.g. social transitions of school)

when social changes create particular pressures for CYP with Autism/Learning Disability.

It is assumed that at all time in teaching as well as in clinical practice, the child will be considered within their ecological, relational and cultural context. Teaching will be provided to support critical assessment and understanding of the child within this context; however, this assumption should be embedded throughout all teaching.

Teaching and Learning

Some elements of the training require a basic knowledge across trainees so that they can work in a consistent way within their CYP-IAPT services. All trainees will be experienced professionals and so will bring this to the learning experience of the course.

Teaching across the curriculum should comprise the following elements:

- *Didactic teaching:* Some elements of the training require a basic level of knowledge across trainees so that they can work in a consistent way in their CYP IAPT services. As a result a small proportion of the curriculum should be delivered in a didactic style to ensure baseline knowledge in particular areas is gained.

- *Large and small group discussions:* Trainers need to ensure that any didactic teaching is followed by sufficient time to explore the different perspectives of the trainees group. More intimate, self-exposing, reflective discussion and skills-development should take place in small groups. Trainers should ensure that the aims and competencies for each session are outlined at the beginning of any teaching session and they should consider having a plenary session at the end to consolidate learning.

- *Extensive use of case discussion and role-play:* This will most likely form the largest part of the training, for two reasons. Firstly the specific competencies underpinning the post-graduate diploma are ones of technique, rather than knowledge. Secondly, this allows trainees to examine their own existing skills and practices in an experimental way.

- *Reflective practice sessions:* An essential component of working with children with Autism or learning disabilities is embodying an attuned and sensitive interaction in any clinical exchange. Trainees will be supported to adopt a mentalising stance within the training to support them to develop ‘mind-mindedness’ and the ability to reflect on their own practice.

- *Observation skills:* Skilled observation is a further essential component of working with children with Autism or learning disabilities. It is expected that trainees will become further skilled at observation through a combination of teaching/workshops but also through close supervised practice in which dyadic interaction will be micro-analysed and discussed.

Trainees will be expected to complete observation of the child-care-giver as a minimum whilst undertaking assessment and it would be recommended that observation occur within multiple settings if possible.

Trainers and Supervisors

All trainers and supervisors should have knowledge and experience of working clinically with children with Autism and/or those with learning disabilities, as well as the topic being taught. The curriculum for supervisors is detailed in the last section of this document.

Supervision and Clinical Work

The quality of supervision is a key factor in ensuring high quality learning. Supervision of VIG clinical work should, wherever possible be carried out by a AVIG UK-registered supervisor. Supervision of behavioural work should be carried out by a practitioner who has achieved or who is working towards accreditation in an evidenced based model of psychosocial treatment.

Assessment strategy

The trainee's competency will be assessed throughout supervision and key skills will be evaluated with the aid of live and video recorded observations of their skills, checks on the utilisation of tools and instruments and their interpretation, their case formulations and management plans. Assessment of competence will be the responsibility of the HEI(s) leading the Learning Collaborative and other providers of training who are part of the collaborative. The methods by which competencies will be tested must be specified, but the curriculum leaves open the method(s) by which Learning Collaboratives achieve this, although clear recommendations are made in this document. It is essential that the assessment of competence minimally includes the following:

a. Assessment of video-recorded therapy sessions; senior professional fidelity rating by reviewing video of practice case management and feedback; Evaluation of intervention dissemination via consultation parents/ carer focus groups.
b. Reports of individual treatments that demonstrate the capacity to make theory–practice links and to integrate outcomes information into their practice; monitoring and measuring of outcomes using evaluation e.g. family life questionnaire, young person's outcomes, service user feedback, local parental focus groups.
c. Achieving criteria for evaluating competency and monitoring session-by-session progress achieving reports on feedback from supervisors and young people and/or parents on their experience of the therapy offered.
d. A summary report of the therapist's clinical outcomes over the training period.

There will be a minimum of two 2500 word written assignments, one of which should be an assessment and the other an intervention case study. Supervisor's report will be

necessary to confirm at least 80 hours of supervised practice and the attainment of competence. Minimum attendance should be at least 80%. A clinical log/portfolio of activities will be used to back up the supervisor's report. The log will be accompanied by a reflective journal that gives further evidence of the competencies included in this curriculum.

Qualifications

The whole curriculum is equivalent to 60 credits; and is open to staff with graduate level qualification and staff who do not have graduate qualifications. Staff may be awarded a Graduate or Post Graduate Certificate in Evidence Based Psychological Therapies for Children and Young People with Autism and / or Learning Disability. Through successful completion of the course, staff will have met XXXXX accreditation standards for assessment and treatment practice with young people with Learning Disability/Autism.

Module 1 - Autism/Learning Disability Core Knowledge and Skills

Scope

Module 1 is a stand-alone 20 credit module to educate professionals from the multi-agency setting (heath, social care, education or 3rd sector) about the core features of Autism, Learning Disabilities and associated conditions. It also covers relevant legislation, medical and social models of disability and practice as well as covering the types of reasonable adjustments required in practice to meet the needs of this group. The age range covered is 0-25 years. It is expected that all those taking the later modules will also take Module 1. On its own, the module is assumed to be a certificate level course.

Key learning outcomes

- To provide students with core knowledge aetiology, presentation and course of children and young people with Autism and Learning Disability
- To provide students with knowledge and awareness of conditions that commonly co-occur in children and young people with Autism and Learning Disability
- To provide students with an awareness of the critical modifications to clinical practice that are required when assessing and treating children and young people with Autism and Learning Disability
- To provide students with an awareness of relevant legislation and signpost them to the critical theoretical foundations that inform approaches to working with children and young people with Autism and Learning Disability – specifically, to provide a clear awareness and understanding of the social and biological models of disability

Entry Requirements

Module 1 is designed as both a stand-alone training for professionals operating at agenda for change levels 3 to 4 (or equivalent) upwards e.g. support workers, associate practitioners, teaching assistants etc. It also serves as an introductory module for Modules 2 to 4 (separate training for agenda for change bands 5 upwards).

1.1 Competencies

1.1.1 Knowledge of Autism and Learning Disabilities

- A knowledge of diagnostic criteria for Autism (ICD and DSM) and clinical specifiers and placing these within an historical context
- A knowledge of the historical context to the development of diagnostic systems and their uses/limitations
- A knowledge of diagnostic criteria for Learning Disabilities (ICD and DSM) and clinical specifiers and placing these within an historical context
- An awareness of ‘red flags’ for the identification of possible Autism and where to seek help/advice

- An awareness of signs for identification of possible Learning Disabilities and where to seek help/advice
- An understanding of presentations of Autism at different chronological ages, at different levels of ability, at different levels of severity and possible gender differences in presentation.
- An understanding of the trajectory of development within Learning Disabilities and associated needs
- A knowledge of how the core features of Autism present, why this occurs and an understanding of current theoretical concepts used
- A knowledge of how the core features of Learning Disabilities present, why this occurs and an understanding current theoretical concepts used
- A knowledge of the prevalence of Autism
- A knowledge of the prevalence of Learning Disabilities
- A knowledge of the risk factors for Autism
- A knowledge of the risk factors for Learning Disabilities
- A knowledge of typical development – details are covered in Core CYP IAPT Module

1.1.2 Differential diagnosis and common co-morbidity/co-occurring conditions

- A knowledge of differential diagnoses for Autism
- A knowledge of differential diagnoses for Learning Disabilities
- A knowledge of common co-morbidities in Autism (mental health, physical health, neurodevelopmental and functional
- A knowledge of common co-morbidities in Learning Disabilities (mental health, physical health, neurodevelopmental and functional
- An awareness of the differences of presentations of mental and physical health issues in Autism
- An awareness of the differences of presentations of mental and physical health issues in Learning Disabilities and an awareness of 'The zone of diagnostic uncertainty'
- An awareness of diagnostic overshadowing and the potential consequences of this
- An understanding of the impact of trauma/abuse/loss on an individual with Autism or Learning Disabilities and how these might have an impact on presentation

1.1.3 Social models of disability and practice

- An understanding of the current concept of disability/handicap, the historical context and current models
- An understanding of the impact of a disability on development and everyday functioning
- An understanding of the 'lived experience of a disability'
- An understanding of the neurodiversity in Autism debate

- An understanding of why to recognise strengths as well as difficulties in Autism Spectrum, Disorders and Learning Disabilities and why not to stereotype
- An understanding of atypical developmental profiles and the impacts of this on learning and skills development.

1.1.4 What to modify in practice/therapy/assessment?

- An understanding of the reasonable adjustments required to work with children and young people with Autism and Learning Disabilities and their families, carers and involved services.
- A knowledge of working with multiple impairments e.g. sensory, physical, intellectual, speech, language and communication.
- A knowledge of use of language and communication and how to adapt to meet the needs of children and young people for communication differences (complexity, concreteness, rate, use of augmented methods).
- Awareness of the impact of the environment (colours, lighting, stimulation, noise, distractions) on children and young people with Autism Spectrum, Disorders and Learning Disabilities.
- An understanding of the types of modification required when working with these groups of young people e.g. Processing, duration of therapy, frequency of contact, location of work, time of work, working through a proxy e.g. a parent/carer/teacher.
- An understanding of difficulties in generalisation of therapeutic work/concepts within Autism.
- An understanding of how to work with parents and siblings of young people with Autism or Learning Disabilities.

1.1.5 Relevant Aspects of Legislation and context

Examples:

- A knowledge of the Autism Act, 2009
- A knowledge of the Children Act, 1989
- A knowledge of the Mental Capacity Act, 2005
- A knowledge of the Mental Health Act, 1983 (amended 2007)
- A knowledge of the Equality Act, 2010 and disability rights
- A knowledge of the United Nations Convention on the Rights of Persons with Disabilities
- A knowledge of the United Nations Convention on the Rights of the Child
- A knowledge of the Special Educational Needs and Disability Code of practice, 2014
- A knowledge of Education, Health and Care plans
- A knowledge of Care Treatment Reviews, 2015
- A knowledge of educational levels and provisions
- A knowledge of specialist CAMHS, Intellectual Disability/Learning Disability CAMHS and Autism services
- A knowledge of the multiagency/multidisciplinary context

- A knowledge of the current terminology used in Learning Disabilities and Autism and how these differ between Physical Health, Mental Health, Education and Social Care

Module Assessment

Module 1 is largely a practical knowledge module, rather than a clinical skills and competence based module. Assessment should be through submitted written course-work, completion of appropriate blended learning and written examination.

Supervision Requirements

During training, supervision will be provided by the course trainers. Following Module 1 training, a trained individual should have access to a previously trained modules 2-4 practitioner or CYP-IAPT Learning Disability/Autism supervisor for support and guidance.

Module 2 - Assessment module

Scope

This is the first of the clinical modules offered on this programme. It is intended that it will be a 20 credit course that represents 1/3rd of the taught component of the qualification in Psychological Therapies for Autism/Learning Disability. Some of the topics covered in this module will also be covered in Module 1 but the level of coverage in this module is both broader and deeper and assumes that participants have attended Module 1. The content of the module is appropriate to both those working in generic CAMHS Tier 2/3 settings and those in 3rd sector agencies who intend to specialise, but are not yet working in, specialist setting with CYP with Autism/Learning Disability. The content may also be valuable for Tier 4 staff intending to acquire assessment skills in Autism and Learning Disability.

Teaching will cover how to recognise core signs and symptoms of Autism and Learning Disability as evidenced in NICE (CG128, 2011) and how these may present emotionally and behaviourally, as well as co-morbidly with other mental health disorders. It will also cover how core symptomology will inform a basic mental health assessment, or an admission assessment in the case of tier 4. It will cover how assessments need to be modified, both in content (e.g. questions specific to social communication) and process (e.g. gathering information on a range of sources and contexts to inform level of pervasiveness of problems).

Module 2 and Module 3 are closely linked. Skills, knowledge and competencies acquired as part of this module will inform the type of intervention that may be required for CYP with Learning Disability/Autism.

Aims

The aims of the module are consistent with enhancing the quality of diagnosis and evaluation of children who present to CAMHS with Autism and/or Learning Disability. They include:

- To raise awareness and aid identification of the presence of an Autism and/or Learning Disability in a child or young person presenting to Tier 2 or 3 CAMHS, often for the first time, for generic CAMHS practitioners and possibly also staff of third sector agencies or presenting to a Tier 4 setting, which has not already been identified when the child was seen in Tier 3.

- To increase awareness of how mental health disorders (anxiety, depression etc.), as well as other neurodevelopmental disorders (e.g. ADHD) present in the presence of an Autism and/or Learning Disability and that the distinction between what is a co-morbid mental health problem and what is a core feature of Autism and/or Learning Disability are distinguished (e.g. OCD vs. obsessional behaviours that are a part of Autism presentation).

- To raise awareness of how environmental and physical factors (illness; change of placement / school routine; family / parental responses and mental health / resilience and coping) may precipitate or perpetuate difficulties.
    - Family
        - Impact of disability on family functioning
        - Role of systemic family therapy to support families
    - Education and Employment
        - Educational and employment challenges faced by children and young people with disability
        - Educational support and employment adaptions

2.1 Key learning outcomes

2.1.1 Knowledge of:

Awareness, knowledge of and skills in managing Autism/Learning Disability should include:

- The nature and course of Autism and/or Learning Disability, i.e. core deficits in social communication, which may manifest in other secondary presentations
- The nature and course of behaviour that challenges in children and young people
- Ability to recognise common co-existing conditions, including mental health problems such as anxiety and depression, significant sleep problems, significant feeding problems and other neurodevelopmental conditions such as ADHD
- A common theoretical understanding and framework of interventions addressing core impairment in Autism/Learning Disability and managing functional impact
- Knowledge of the impact of Autism/Learning Disability on the family (including siblings) and carers, and a clear understanding of how to provide emotional support, advice and signposting for support including respite care, local authority and voluntary agency and other available support
- Recognise the need for and knowledge of how to signpost to family support such as short breaks and other respite care, and assessment of carer and sibling needs
- Signposting of relevant information such as contact details for local and national support organisations, relevant courses about Autism and or Learning Disability, welfare advice, education and social support and leisure provision and advice

- Knowledge of the importance of support for key transition points, such as changing schools or health and social cares services
- Knowledge of how to advise with respect to emotional, psychological and social aspects to enable treatment or prevention of mental health problems
- Knowledge of planning for transition to adult services
- Knowledge of the impact of the social and physical environment on the Young Person with Autism/Learning Disability.
- Knowledge of protocols for collaborative working among healthcare, education and social care services, including arrangements for transfer to adult services.
- Understanding of long term support for Autism/Learning Disability, from the point of first concern, building better understanding, insight and adjustment in parents and the young person, early intervention to intervention for long term needs and at key transition/pressure points.
- Knowledge of working with a multi-disciplinary team (team around the child) to contribute to the consideration of individuals education needs

2.1.2 Competencies in:

Successful trainees will be able to demonstrate competency in:

Autism/Learning Disability Diagnosis:

- Recognition and evaluation of core signs and symptoms of Autism and Learning Disability which then may indicate presence of Autism and/or Learning Disability
    - How they present emotionally, cognitively, language and communication skills, and behaviourally at different chronological and developmental stages
    - Within different levels of ability across different contexts in which the child operates
    - As a function of current state (e.g. challenging behaviour or somatic symptoms as expressions of anxiety etc.)
    - An understanding of how presentations may vary in children who have sensory impairments (e.g. deaf, blind or deafblind children) and how communication or developmental differences should be taken into consideration in assessment

- Skills to identify Autism/Learning Disability in the course of a basic mental health assessment, when no previous mention of an Autism/Learning Disability diagnosis including

  - Indicators from family history, developmental history
  - Differential presentations across contexts
  - Peer relations
  - Uneven cognitive profile
  - Profile of communication skills (including pragmatics)
  - Social and environmental vs intellectual levels

- Skills to carry out:

  - Semi-structured Autism and/or Learning Disability sensitive developmental assessment/ history with parent/carer
  - Semi–structured Autism/Learning Disability specific clinical observational assessment/ interview of social communication and interaction in clinic or other alternative setting
  - Mental state examination/ history including how risk presents in these disorders
  - School and/or home observations, as well as current reporting from teachers/school staff
  - Integrate previous reports/ file information (from all agencies)

2.1.3 Co-occurring mental health problems:

- Competency to perform a basic mental health assessment when a young person has an Autism/Learning Disability diagnosis

  - Including /(urgent) admission assessment

- Competency to recognise, in the presence of an Autism/Learning Disability diagnosis, how a comorbid diagnosis will present including:

  - Knowledge of the expected prevalence of mental disorder
  - Mental health (e.g.: anxiety, depression)
  - Other neuro-developmental disorders (e.g. ADHD), physical health disorders (e.g.: epilepsy)
  - Specific learning difficulties (e.g. dyslexia), as well as executive dysfunction
  - Communication impairment and how this might affect presentation and communication of symptoms

- Skills to carry out:

  - Semi-structured Autism and/or Learning Disability sensitive developmental assessment/ history with parent/carer

- Semi–structured Autism/Learning Disability specific clinical observational assessment/ interview of social communication and interaction in clinic or other alternative setting
- Mental state examination/ history including how risk presents in these disorders
- School and/or home observations, as well as current reporting from teachers/school staff
- Integrate previous reports/ file information (from all agencies); if absent, request additional assessments e.g. OT and SLT

- Competence and skill to
  - Select, administer and interpret Autism and Learning Disability specific screening tools such as SCQ, DAWBA, etc
  - Select, administer and interpret screening tools for other likely co-morbid conditions, such as SDQ, BRIEF, Conners, SCARED, MFQ, DAWBA, DBC, Nissonger etc
  - Select, administer, interpret outcome measures specified in CYP IAPT curricula or modify these for children with Autism and learning disabilities
  - Comprehensive list of measures is provided

- Skill and competency to distinguish core symptoms of the Autism and/or Learning Disability from a mental health disorder (e.g. obsessive routines in Autism from OCD, emotional/social immaturity as part of an Learning Disability, egocentricity as part of Autism from psychopathology and/or attachment based disorders)
  - Awareness of which core symptoms/ behaviours can also be indicative of other problems: anxiety, attachment, low mood etc. (i.e. differential diagnosis)
  - Awareness of how core symptoms vary/look different when in the presence of co-morbidity, including co-morbid Learning Disability with Autism and vice versa +/- sensory impairments (or lack of them)
  - A recognition that a change in symptoms and behaviours is important and should be explored

- Ability to recognise, in the presence of an Autism/Learning Disability diagnosis
  - Differences in somatic presentations
  - Sensory hypersensitivities.

2.1.4 Risk and challenging and other problem behaviours:

- Skill and competency to assess and address issues of risk including
    - Either under or over estimation of risk (e.g. Autism and Learning Disability CYP being more literal and not being aware of what is harmful to themselves and others etc)

- Skill and competency to identify and assess Autism and/or Learning Disability
    - In the presence of acute mental illness in forensic and/or in patient settings
    - When other extreme symptoms and behaviours may mask a neuro-developmental/disability disorder

- Skill and competency to assess different levels of 'challenging behaviour' including:
    - What it may indicate in this client group, e.g. uncertainty or intolerance of uncertainty anxiety, pain, emotional regulation problems as part of overall executive dysfunction etc

- Skill and competency to be able to conduct a basic functional analysis
    - To identify triggers and maintaining factors,
    - To further inform diagnosis as well as intervention.
    - Distinguish maintaining/perpetuating factors of core and co-morbid symptoms including
    - Environmental stresses (crowds, noise etc.)
    - Family/systemic factors (parental mental health/ family dysfunction)
    - Changes with development stage (increase/ decrease of symptoms)
    - Assessment of communication abilities and needs

2.1.5 Family

- Skill and competency to perform a family assessment including
    - To evaluate the level of parental understanding of the effects of Autism and/or Learning Disability on behaviour and the need for psycho-education
    - To assess parental ability to cope with complexity of of the supporting individulas with Autism and learning disabilities including comorbid

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Autism and all Learning Disability and the need for family support / therapy

- Use of evaluation tools/methods of evaluating the family experience of the assessment process

2.1.6 General competencies

- Ability to adapt the method and mode of communication to meet the needs of young people with Autism/Learning Disability e.g. alternative methods of communication – use of visual aids and symbols, use of IT, signing, adapted language use to support understanding

- Making sure that the communication needs of children are taken into consideration in assessment so that they can fully participate in the assessment, including assessment of child and family communication needs and mechanisms to enhance communication that may include working with interpreters

- Ability to consider the need for communication enhancing tools such as Braille, text read, text amplification, pictures, photos, signing, symbols, Voice output communication aides (VOCAS), some competence in using these; specifically ensuring that information gathered above is incorporated in assessment and implementation of treatment plans

- Assessing the CYP's mental capacity in terms of ability to consent to/engage in an intervention (assessment or treatment) Mental Capacity Act – 2005)
- Skill and competency to assess the CYP's including
    - Their level of insight into their problems and behaviour
    - Their ability to regulate their own emotions
    - And level of motivation to change.

- Ability to consider the need for communication enhancing tools such as Braille, text read, text amplification, pictures, photos, signing, symbols, VOCAS and other electronic devices
    - some skills in using these

- Ability to use information gained in assessment to guide assessment and intervention:
    - Awareness of the different types of interventions that might be needed

  - Awareness of further assessments indicated (e.g. in depth diagnostic assessment, cognitive assessment, OT assessment, SLT assessment etc.)

- Competence and skill to integrate information into a formulation

  - Within a multi-axial diagnostic framework
  - To inform next steps- care pathway for Autism/Learning Disability

- Thinking systemically to reach a best practice solution

- Competence to advise on local/regional resources (or lack of them) in terms of assessment and/or intervention.

Module 3 - Mental Health Interventions

Scope

This module builds on the assessment module. It provides an introduction to the broad principles of intervention response following assessment and the organisation of implementation teams in an efficient and cost-effective manner.

Some topics are more generic and will be suitable for **all trainees** (for instance, generic competencies, post diagnostic support for families, environmental management.

Other topics may be more suitable for **more specialist trainees** (for instance specific interventions for core features of ASD and commonly occurring comorbidities and associated problems).

It is important to note that since both ASD and ID are long-term conditions, intervention needs to be planned and phased so as to be effective efficient and cost-effective. Is not possible for all families to have intervention all the time but with a stepped care model and an integrated approach along the lines of chronic care models, much can be achieved. The need for cost effectiveness and efficiency means that only interventions with good current evidence should be implemented and that the IAPT training should concentrate on re-orientating skill sets of CAMHS teams towards evidence-based practice. The module recommendations rely on the work of the NICE 2013 evidence review and recommendations (CG170).

Implicit in the module is a collaborative team approach to setting agreed goal and action plans based on the individualised assessment profile, the child's/ young person's and careers' perspectives. Also, awareness of possibilities for a cascading, "task shifting" model for the transmission of high quality ASD core clinical competencies from consultants/ expert ASD/LD advisors/ senior specialist to local non-specialist providers (key workers, specialist nurses, Learning Support Assistants)).

Aims

- Models for post diagnostic support for families
- Models for key working and case management
- Training on implementation of a specialist ASD/LD interventions targeting core deficits
- Training on implementation of ASD/LD adapted interventions for co-occurring conditions e.g. anxiety, depression, ADHD (psychologists, mental

health practitioners in CAMHS and community settings). Training on preventative measures including preventing anxiety, safety and maintaining wellbeing

- Training, supervision and consultation to professionals and staff
- Recognition of who needs ASD/LD interventions delivered by general CAMHS or signposting to specialist teams and services (also depending on how local services are commissioned and organised)

3.1 Generic competency and skills

- Adapt the method and mode of communication to meet the needs of young people with ASD/LD
- Skills to disseminate communication principles/competencies to people in the young person's environment.
- Skills to train others in the application of adapted communication and cascading intervention principles and methods.
- Skills to engage and empower parents/carers in better understanding of and use of support strategies for young people with ASD/LD.
- Skills to adapt methods of interventions to successfully engage young people with ASD/LD.
- Skills to identify the young persons' and carer's perspective, priorities, aspirations and needs.
- Ability to prioritise functional needs that impact on the young person's quality of life and family life.
- How to develop a risk plan (including self-harm, harm to others', self-neglect, break down of family or residential support, exploitation or abuse by others) and or signpost when necessary to urgent services.
- An ability in intervention planning to take into consideration the needs of children with sensory impairments that would include but not be limited to making allowances for their communication needs, adapting interventions so that they are accessible and developmentally appropriate, and referring to and working with specialist services where appropriate (e.g. National Deaf CAMHS, specialist speech and language therapists, services for deafblind children etc)
- Awareness of pharmacological interventions that can be used alongside psychosocial intervention e.g. for YP with high levels of aggression or ADHD following NICE guidelines and the CYP IAPT curriculum on Combined Therapies.

The methods and mode of delivery will be adapted to the age, developmental level, communicative competence and stage of the child/ young person's life e.g. parent/carer/key worker implemented intervention for young people at a lower

developmental level or intervention involving insight, self-help strategies, reflective practice for young people at a higher developmental level.

3.2 Post diagnostic support for families

Provision of these is mandated by NICE. There are various post diagnostic support programs in use, none have been tested in a systematic way thus there is no quality of evidence base for what to use. However there are some model programs currently in use to draw from. The programs will have in common the following elements

- A group-based brief parent support course that includes information about:
- What is LD and what is ASD. Origins and natural history.
- Nurturing the child's development
- Managing behaviour to enhance the child's learning and development.
- Environmental changes thought to improve outcomes in the short and long term

Linked to post-diagnostic support groups are some manualised parent training programmes such as i) NAS HELP training programme for parents, ii) The Autism Spectrum Conditions – Enhancing Nurture and Development (ASCEND) programme, iii) Hanen and Adapted Hanen, iv) Early Bird (all of which have partial but not robust evidence bases).
One or more of these programs can be considered for incorporation into a program to supplement post diagnostic groups. They should not however substitute for the evidence-based interventions considered below.

3.3 Intervention for Core Features of ASD

There are a number of evidence-based specific interventions for the core features of autism with emerging moderate to good evidence of effect - social communication with parents either on parent-child interaction or social communication or on autism symptoms.

For core features of ASD, NICE 2013 recommends "specific social communication intervention that includes play based strategies with parents, carers, and teachers to increase joint attention, engagement, and reciprocal communication in the child or young person. Strategies should:

- Awareness of pharmacological interventions that can be used alongside psychosocial intervention e.g. for YP with high levels of aggression or ADHD following NICE guidelines and the CYP IAPT curriculum on Combined Therapies
- Be adjusted to the individual's developmental level

- Aim to increase the parents', carers', teachers', or peers' understanding of and sensitivity and responsiveness to the individual's patterns of communication and interaction
- Include techniques of therapist modelling and video interaction feedback
- Include techniques to expand the individual's communication, interactive play, and social routines

The intervention should be delivered by a trained professional. For preschool children, consider parent, carer, or teacher mediation. For school aged children, consider peer mediation.

The two manualised interventions that are evidenced by NICE in this area are 'JASPER' and 'PACT', and these should be highlighted for training (see www.kasarilab.org/treatments/jasper/; www.bbmh.manchester.ac.uk/pact/).

3.4 Managing co-morbidities and associated problems

This part of the module concerns training in interventions to manage co-existing mental health conditions with appropriate adjustment for children and YP with ASD/LD. These are mainly CBT/BT interventions and their efficient delivery assumes competence in the appropriate modules of CYP IAPT training or other appropriate training programmes. The module builds on assumed competencies in many of these interventions, and focuses on necessary adaptations of the interventions to particular conditions of ASD or ID.

3.4.1 Behaviour that challenges

Behaviour that challenges is an important presentation in early and middle childhood which often has a major impact on functioning. Trainees should learn the staged approach of assessment and appropriate intervention recommended by NICE.

1. Awareness and assessment of risk factors commonly associated with the emergence of challenging behaviour:

    - Consequences of impaired communication or social understanding in Particular situations
    - Presents a physical disorder with pain or discomfort, or other mental Health problems such as anxiety or depression
    - Difficulties with the environment such as predictability, lighting, noise Levels or absence of predictability or structure
    - Recent change to routine or sameness
    - Physical or sexual abuse or bullying
    - Developmental change including puberty

2. In the absence of the above, use of structured assessments of behaviour such as ABC (antecedents, behaviour, consequences), STAR (settings, triggers, actions, responses) or FIRE wheel system (what fuels, ignites, regulates, and extinguishes/or explodes behaviour) and cycles of behaviour.

3. Based on that assessment using skills in the use of behavioural techniques including positive reinforcement, differential reinforcement of an alternative, distraction, desensitization, relaxation, behavioural activation and careful distress tolerance support. The best evidenced intervention currently, from one good quality trial, is for a group based parent training using social learning and behavioural principles, and this should be highlighted for training (see Bearss et al JAMA. 2015;313(15):1524-1533. doi:10.1001/jama.2015.3150).

4. Awareness of the role of medication management in situations where the above is insufficient or not deliverable. For prescribing trainees, knowledge of the evidence base for antipsychotics (risperidone or aripiprazole) and principles of prescribing (see NICE 170).

5. Competence to adapt and deliver evidence based interventions for non-accidental self-injury/self-harm

3.4.2 Sleep problems

- Structured assessment of sleep patterns including sleep diary. Distinguishing onset insomnia, delayed sleep phase and waking sleep disruption. (See kidssleepdr.com)

- Behavioural management, use of sleep hygiene and chronotherapy. Awareness of the evidenced role of melatonin (Appleton et al Arch Dis Child 2011;96:A1 doi:10.1136/adc.2011.212563.1) and indications and contraindications for other commonly used drugs without specific evidence (antihistamines, chloral hydrate, valergan).

- Managing environmental changes (background noise, black out blinds), activity and life style changes, addressing emotional challenges affecting sleep (school worries), caffeine and food routines, treatment of other problems (e.g. eczema) use of adjunctive medication and parental responses. For prescribers, indications and medication management of these drugs.

3.4.3 Anxiety and depression focused interventions

- Competence in the use of parent psycho education and support to enhance development and manage difficulties related to anxiety related problems (e.g. Social Anxiety, General Anxiety, Panic/Phobias)

- Competence in adapting individual and group CBT to the needs of children YP with ASD for those who can engage in therapy for depression and anxiety

- Competence in adapting evidence based therapy for OCD (CBT and cognitive therapy) for CYP with ASD/LD

3.4.4 ADHD

- Awareness of the comorbidity between ADHD and ASD/ID

- Competency in adapting evidence-based intervention for ADHD to this context

- For prescribers, considerations in medication management and prescribing practice for ASD and ID.

3.4.5 Language disorder

- Knowledge of interventions for adapted language for learning. and competence to make an informed referral for speech and language therapy interventions.

- Awareness of techniques including: language broken down into small sections, repetition, demonstration to support understanding, checking back, vocabulary building, vocabulary definitions around topic work. Social use of language in different social settings, (e.g. conversation openings, greetings, questions, reciprocity). Increasing the range of communication functions, communication style adapted to the social context, appropriateness of communication.

- Awareness of existing resources and programmes with some evidence base, such as SCIP - Social Communication Intervention Project, SULP-Social Use of Language Programme, Socially Speaking).

3.5 Environmental management

- Understanding of the principles of environmental adaptation and "goodness

of fit". Importance of the family system, the school system, the community and other supportive environments, taking into account the importance of routine and structure, self-esteem, self-efficacy.

- Competence to make recommendations about simple environmental changes including the layout and structure of environments, rooms, bedrooms, classrooms, work desks, play materials and the use of visual aids and prompts (e.g. TEACCH principles).

- Training on understanding environmental adjustment and adapted communication with young people with ASD/LD e.g. use of pictures and video to prepare people for new situations and to introduce them to new staff and others.

- Knowledge of the principles of adapted communication methods including objects of reference; visual symbols/schedules/timelines, visually supported learning e.g. TEACCH, PECS and other evidence based techniques or models.

3.6 Social skills, independence and transition to adulthood

- Training professionals in interventions that support the development of autonomy and self-efficacy and understanding how these will be particularly impacted by ASD or ID.

- Training professionals in interventions for life skills e.g. independent living skills, setting personal hygiene goals.

- Interventions should take into account individual changes at developmental stages (understanding of the impact of motivations, autonomy/control, desire for independence, emotional well-being, and relationships)

- Training on understanding the young person’s method of communication. e.g. case vignettes, role-play exercises, practice sessions, feedback, review and self-evaluation.

- Skills to promote social understanding and reduce social anxiety including Social Stories and comic strip conversations or other interventions to provide social information.

- Knowledge of the processes and theories around social skills groups, and skills to enable the young person to role-play and rehearse social situations.

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- Knowledge of and skills to use techniques that allow development of social problem solving techniques including development of imagination skills and scenario building, social autopsies, reflective practice in students, visual representation of emotions e.g. social interaction pictures drawings, emotion thermometers etc.

- Knowledge of theories surrounding circle of friends, friendship support, buddy systems, peer mentoring and skills to assist clients to develop social networks suitable for young people with ASD/LD.

- Competency to deliver self-awareness interventions including emotional literacy and self-awareness, such as scrapbooks, emotional thermometers, colour coding and scales of emotional responses, identifying emotions in social situations, simple social algorithms or charts.

- Competency to deliver perspective related interventions including understanding ‘good friendship’ skills, empathy skills, learning safety and independent living skills.

- Competency to deliver self-care focused interventions including self-help and daily living skills including self-care, washing, bathing, food preparation, dressing, use of public transport, leisure skills.

- Competency to manage feeding/eating related issues e.g. awareness of sensitivity to food taste and texture, motivations and demands around food and eating.

- Competence in identifying and managing access to health care adapted for ASD/LD that involves skills in sensitive medical consultations/ investigations for health problems e.g. constipation, specialist diets, dental care.

Curriculum for Supervisor Training

Entry requirements specific to the Learning Disability/Autism supervisors module

In line with recommendations outlined by Turpin and Wheeler (2011), supervisor trainees will have the following level of experience:

- A recognised postgraduate professional training or equivalent professional experience at senior level.
- A recognised postgraduate training/qualification in clinical psychology, psychiatry, nursing, speech and language therapy, occupational therapy or other relevant professional training
- A minimum of 2 years' post-qualification supervisory experience in the area undertaken in the relevant modality.
- A minimum of 4 years' experience in CAMHS/LDCAMHS.
- Supervisors are required to adhere to the BABCP Standards of Conduct, Performance and Ethics in the Practice of Behavioural and Cognitive Psychotherapies.

In addition to the individual general entry requirements for CYP IAPT SFP training, there are service level entry requirements for those taking this module.
The additional requirements for this module are:

- Trainees will be members of an existing or developing multidisciplinary outpatient Child and Adolescent Neuropsychiatric or paediatric neuro-disability service.

Detailed description of aims

- To identify the scope of necessary critical knowledge of the theoretical and research literature of evidence-based treatments for Learning Disability/Autism in children and adolescents which Modules 1-3 entail including

    a. the level of knowledge of Learning Disability/Autism, including knowledge of genetic and environmental risk factors, epidemiology, pathophysiology and cognitive and behavioural characteristics.
    b. the practical competencies to deliver effective interventions for Autism/Learning Disability

- To acquire the knowledge necessary to ensure that clinical practice is in accordance with local and national CYP IAPT service policy, including the need to work appropriately with difference, apply the approach to diverse

family forms and to routinely monitor clinical outcomes and make use of these in clinical practice.

Scope

Workshops will provide an overview of the syllabus to be used for Modules 1-3 including the evidence base of treatment outcome studies for Learning Disability/Autism, multidisciplinary assessment and treatment strategies. They will cover the material to be used in different presentations including the relevance of comorbid conditions such as ADHD, depression, anxiety and OCD, the role of factors that may act as risk or predisposing factors, and the social and cultural factors that shape the presentation. Knowledge and competence in these areas will be assumed.

Learning outcomes

Knowledge

- Knowledge of the core curriculum for Learning Disability/Autism
- Critical understanding of the phenomenology, diagnostic classification, epidemiology and research literature in young people including the relevance of comorbid conditions
- Understand and recognise the different levels and different ways of expression of Learning Disability/Autism
- Ability to understand how mental health presentation can be altered by Autism and/or Learning Disability, and the approaches needed to elicit these presentations (e.g. writing, non-verbal/picture etc.)
- Awareness of physical condition associated with Autism and Learning Disability (e.g. epilepsy, gastro-intestinal problems), and also how physical illness can go undetected (e.g. high pain thresholds) and when a medical assessment is needed and/or a specialist investigation (e.g. genetic)
- Knowledge of medical conditions that may cause Autism and/or Learning Disability (e.g. Fragile X, Tuberous Sclerosis, Foetal alcohol syndrome).
- Awareness that there can be regression and loss of skills and at different points in development and how to assess this.
- Awareness of what a more specialist Autism and Learning Disability assessment would include
- Awareness of how gender can vary presentations in these populations
- Awareness of how Autism co-morbid with Learning Disability will present differently from that without an Learning Disability, and vice versa
- Awareness of eating difficulties/ food fads in these populations, which are distinct from an Eating Disorder (e.g. PICA, problems with texture, food rituals etc.)
- Knowledge of how to comprehensively assess challenging behaviour as described by NICE
- Awareness of how environmental factors can exacerbate symptoms and precipitate certain behaviours

- Demonstrate an understanding of the different points of view and experiences of children, young people and their families and how it impacts them as individuals and as a family
- Knowledge of the care pathway and when a specific Autism and/or Learning Disability assessment is indicated, as well as possible additional assessment (OT, SLT, cognitive assessment etc.).
- Knowledge of mental capacity legislation and when a mental capacity assessment may be necessary.

Skills & Competencies

- Competency in undertaking the assessments expected in the core Learning Disability/ Autism curriculum.
- Ability to conduct a systematic assessment in relation to the presentation of Learning Disability/Autism and in accordance with NICE guidelines.
- How to complete a comprehensive developmental assessment/history, which includes medical and psychiatric history of child and family.
- Knowledge of tools and instruments needed to inform the assessment as well as their interpretation. These to include well validated Autism specific questionnaires, informant interviews and observational assessments such as the SCQ, Autism Diagnostic Interview-Revised, Autism Diagnostic Observation Schedule.
- Competence in assessing Learning Disability/Autism in patient populations with serious comorbid mental health conditions.
- Ability to select and utilise tools / instruments and clinical skills to assess the presence of comorbid mental health disorders (e.g. DAWBA, Connors, SCARED, CYBOCS, Becks Youth Inventory, KSADS, CAPA)
- Ability to use clinical skills to elicit evidence of co-morbid mental health and/or neuro-developmental disorders at different ages and in the presence of impairments in communication.
- Ability to assess barriers to front-line staff completing an assessment (e.g. parents are unable to give a coherent developmental history, teachers being inexperienced, child not complying with assessment, impairments in communication skills)
- An understanding of how an assessment may need to take place over a number of sessions and require a variety of ways of eliciting information from the child (e.g. stereotyped speech and literal language may be misleading).
- Ability to undertake a functional analysis of challenging behaviour in accordance with NICE guidance.
- Skills in assessing risk and how this presents in Autism and/or Learning Disability

- Ability to assess parental resilience and competence to manage complex co-morbid presentations
- Ability to assess the young person's own insight into his/her difficulties, to reflect on their implications / their psychological mindedness, and the young person's ability to engage in different treatments.
- Competency in assessing whether a young person and their family are suitable for therapy and knowledge of contraindications.
- Ability to assess the competency of the CAMHS clinician doing the assessment their learning needs and extra guidance/support needed (additional materials etc.).