**Senior Wellbeing Practitioner (SWP)**

**Session Competency Framework**

**SWP Modules 3 & 4 for Children and Young People:**

**SWP Session Competency Framework**

Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Module: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Introduction**

This competency framework is designed to assess an individual’s skills as a CYP IAPT Senior Wellbeing Practitioner in a particular session. It is consistent with the NHS Education for Scotland Competence Framework for Workers in CAMHS Settings (Roth, Calder and Pilling, 2011). It can be used to assess the practice of others, own practice, and 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 practice with children. Some of these are core therapeutic competencies, which should be evident in every session (marked with an asterisk**\***). Others are competencies and skills that it would not be possible or appropriate to include in every session. For example, it is recognised that not all sessions will follow a cognitive-behavioural framework, however where this approach is used, specific competences are rated.

Although the scale largely addresses individual work with a child or young person, it also includes other people with whom the practitioners work, such as parents/carers and teachers. It is important to demonstrate consideration of systemic factors in the session. If there is no possibility of recording a session with a young person and the only available session is with a parent/carer, the same skills should be evaluated where appropriate to the client, for example, being client-centred, providing a rationale and checking that this has been understood, etc.

Modified with permission from Vicki Curry (Fuggle, Dunsmuir & Curry (2012) CBT with children, young people and families).

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| **N/A** | **Not applicable** | This competency/skill is not relevant to this session, as the activities in the session do not require it. It is not critical to the session. |
| **1** | **Not competent** | Either: * The Practitioner attempts a competency/skill, inappropriately. For example, it is inappropriate to focus on it; and/or there are major problems with how it is carried out. For example, the Practitioner does not consider or use appropriate modifications recommended for neurodivergent CYP (e.g. visual prompts/adjustments to communication style, even when the young person is clearly not understanding). Or the Practitioner persists in therapeutic “technique”, such as thought challenging, when the child is clearly distressed and/or completely disengaged.
* The Practitioner does not attempt this competency, but it was critical to the session, so really should have done. For example, the Practitioner does not demonstrate interest in something really important that the child says, or does not pick up on a clear issue of risk or safeguarding.
* Absence of any, or minimal consideration of broader systemic factors contributing to presenting problems.

Please comment on skills scored as “not competent” in the qualitative feedback, explaining why they have been scored in this way. |
| **2** | **Partially competent** | The Practitioner’s skill is satisfactory, but not “good” or “excellent”. This category covers emerging competence, where the Practitioner appropriately attempts the competence, but with limited skill and/or marked inconsistencies during the session. For example, the Practitioner demonstrates an awareness of the need to be collaborative in their approach but demonstrates limited skill in doing this, by tending to be overly didactic or persuasive. Another example could be that the Practitioner demonstrates an awareness of the need for visual supports or adaptations for a neurodivergent young person, but demonstrates an inflexible approach in the use of these supports. It also covers more developed – but not full – competence, where the Practitioner demonstrates the competence reasonably well, but there are some inconsistencies and/or developments required. For example, a Practitioner demonstrates good therapeutic technique (e.g. addressing anxiety in social situations) but fails to recognise differences in social or communication skills (such as basic conversational skills). Only limited consideration to systemic factors is evidenced. |
| **3** | **Competent**  | The Practitioner appropriately demonstrates good or excellent skills in carrying out this skill consistently throughout the session and with minimal/no problems, i.e. the Practitioner demonstrates good collaborative skills throughout most of the session and demonstrates a real interest in the child/young person’s perspective. Another example is the implementation of therapeutic techniques and appropriate adjustments for neurodivergent children and young people. Clear evidence of consideration of both individual and broader systemic factors in developing shared understanding of the problem. It is helpful to use descriptors “good” and “excellent” when giving qualitative feedback. |

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| **A** | **SETTING THE RIGHT CONTEXT**The Practitioner ensures the context of the intervention is appropriate for the child/young person. |
| A1 | **Ethical practice\***The Practitioner 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 Practitioner acts appropriately, addressing this with the child/young person/their parent/ carer where necessary.
* The Practitioner sets appropriate boundaries (personal and session) with the child/young person/parents/carers.
* If an issue arises in relation to risk, the Practitioner acts appropriately; addressing it with the child/young person/parent/carer where necessary.
* The Practitioner acts within the limits of their competence.
 | N/A | 1 | 2 | 3 |
| A2 | **Working with power and difference**The Practitioner pays attention to working with power and difference (e.g. adult/child, culture, neurodiversity and ethnicity, gender, age, ability, etc.) with sensitivity, awareness and knowledge as demonstrated by at least one of the following: * The Practitioner is aware and helps the young person/parent/carer to become aware of power differentials within the therapeutic relationship, and/or within the family and/or school, and the impact this may have on the CYP's difficulties and life at home and school.
* The Practitioner develops a shared understanding of power differentials within the CYP’s system (CYP, family, school and wider community) in order to intervene and advocate for children and their families and ensuring an equal opportunity for all voices to be heard, e.g. naming, normalising, advocating, problem-solving.
* The Practitioner empathically explores, identifies, names and works with issues of diversity (within themselves and others) that may enhance or prevent inclusion or engagement in the intervention with young people and families; and/or may be pertinent to what the YP brings to the session, e.g. asking about English as a second language, understanding of neurodivergence, family celebrations, assumptions that have affected the YP, experiences of discrimination, etc.
 | N/A | 1 | 2 | 3 |
| A3 | **Active reference to and/or involvement of the system (e.g. family, school, peer group, professional staff)\***The Practitioner is aware of the systemic context in which the child/young person lives as demonstrated by: * Incorporating systemic / context factors into the formulation, discussing the influence of these on the child/young person.
* Thinking about things from the perspective of others in the system and involving them in the session where appropriate.
* Ensuring appropriate others in the system have a clear rationale for the intervention and involving them in it where appropriate.
* The Practitioner can work effectively with others in the room (e.g. family members/school staff/carer) if appropriate and is mindful of issues that might arise, e.g. confidentiality, cognitive difference etc.
* Encouraging advocacy where required to support the CYPs specific needs.
* Where appropriate, the practitioner introduces strategies mindful of the CYP’s neurodivergent needs e.g. using the SPELL framework.
 | N/A | 1 | 2 | 3 |

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| **B** | **THERAPEUTIC ALLIANCE**The Practitioner works to build a therapeutic alliance with the child/young person/parent/carer. |
| B1 | **Empathy\***The Practitioner works to build a therapeutic alliance with the child/young person/parent/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 Practitioner listens to and validates the child/young person’s thoughts and feelings where appropriate.
* The Practitioner engages with the concerns of the family/carers where appropriate as well as those of the child/young person.
 | N/A | 1 | 2 | 3 |
| B2 | **Child/Young person-centred\***The Practitioner takes a child/young person-centred approach in the session, as demonstrated by: * Communicating appropriately with the child/young person, taking account of their neurodevelopmental profile, developmental level and ability when relevant and necessary.
* 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/young person in the session, e.g. noticing and responding appropriately if the child/young person does not understand something, or noticing and responding appropriately if they are bored/tired.
* Using specific adaptations for neurodivergent child/young person that meets their specific needs e.g. visual strategies, information presented in short discrete sections, clear & concrete language used.
 | N/A | 1 | 2 | 3 |
| B3 | **Creativity\***The Practitioner 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. using visuals, talking, drawing, questionnaires, metaphor, role-play, puppets.
* Using methods that are engaging for the child/young person, and tailored around their individual skills, hobbies and interests.
* Using modified and individualised methods that enable the child/young person to access and understand the intervention model and facilitate active involvement. This is particularly relevant for those with neurodivergent presentations for e.g. drawing & using visuals; information presented in short discrete sections, movement/ sensory breaks; concrete & clear language adapted to young person’s learning difference and needs.
 | N/A | 1 | 2 | 3 |

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| **C** | **COLLABORATIVE PRACTICE**The Practitioner demonstrates the ability to work together with the child/young person and their family to address their difficulties/concerns. |
| C1 | **Facilitating engagement\***The Practitioner uses a collaborative style, rather than being entirely didactic and/or persuasive, or talking at the child/young person/parent/carer too much; and involves them in the therapeutic tasks as much as possible, as demonstrated by:* Asking open questions if developmentally appropriate.
* If an open question is too difficult for the child/young person, the Practitioner scaffolds their ability to think about the issue being discussed rather than doing all the thinking for them e.g. offering choices of possible answers, using visual supports to facilitate communication.
* The Practitioner notices and validates useful things the child/young person/parent/carer is already doing and encourages them to continue/do them more.
* Checking with the child/young person throughout the session as to what they may think about ideas and suggestions the Practitioner and/or the child/young person has made.
* The Practitioner offers the child/young person choices about their involvement with therapy tasks as much as possible, e.g. writing, drawing, devising charts/diaries.
* The Practitioner adapts their delivery and accommodates the child/young person’s neurodivergent symptoms e.g. hyperactivity, attention differences, interests, learning style.
 | N/A | 1 | 2 | 3 |
| C2 | **Providing a rationale\***The Practitioner 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:* Checking that the child/young person understands the rationale (keeping in mind neurodivergence) 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.
 | N/A | 1 | 2 | 3 |
| C3 | **Summarising\***The Practitioner summarises both the content and key learning points from the session for the young person or parent/carer 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. Using visual supports where helpful for those with different ways of learning.
* Encouraging the child/young person to be involved in the summarising where appropriate.
 | N/A | 1 | 2 | 3  |

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| **D** | **STRUCTURING THE INTERVENTION PROCESS**The Practitioner structures the session in a way that supports the intervention process. |
| D1 | **Joint session planning\***The Practitioner and child/young person/parent/carer agree what topics to cover in the session, which is used to guide the session, as demonstrated by:* The Practitioner and child/young person/parent/carer making a plan (agenda) for the session together towards the start.
* The Practitioner encouraging the child/young person/parent/carer to be actively involved in making decisions about this plan, ensuring that they have 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/parent/carer and issues that might arise during the session as appropriate.
* The session plan is clear, accessible and is developed with the CYP’s learning difference and needs in mind.
 | N/A | 1 | 2 | 3 |
| D2 | **Session focus and time management\***The Practitioner ensures that the session has a clear focus and structure, and is carried out at a pace appropriate to the child/young person and the agreed session plan, as demonstrated by: * The start of the session, e.g. checking in about the week, updating on any developments, mood review, is time limited.
* The session contains an appropriate number of activities for the child/young person.
* Activities are not rushed, but also are not over-long so the child/young person does not lose focus/interest.
* The Practitioner monitors whether the child/young person is engaged in the session, and comments on this or ends the session if necessary. The Practitioner may use adaptations based on the young person needs such as visual checklists, movement breaks and/or shorter sessions where attention and/or executive functioning differences are present.
* The Practitioner ensures there is a structure to the session and the activities in it, e.g. the activities are introduced and set up appropriately, and summarised appropriately at the end.
* The Practitioner leaves enough time at the end of the session for review and reflection.
 | N/A | 1 | 2 | 3 |
| D3 | **Between session tasks**The Practitioner 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 Practitioner 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 Practitioner 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 Practitioner spends 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/teachers need to be involved with between-session tasks, this is fully negotiated with them and the child/young person.
* The Practitioner adapts information to account for the child/young person’s neurodivergence where necessary.
 | N/A | 1 | 2 | 3 |

| D4 | **Working in groups (including the Whole School Approach)**The Practitioner can deliver group sessions to parents/ carers as demonstrated by: * Setting clear boundaries for group work so that it feels safe for participants, including using group contract / rules, ensuring awareness of the limits of confidentiality.
* Setting a clear agenda for the group session and keeping to it.
* Balancing the needs of the group with any individuals.
* Ensuring the content of the group includes psychoeducation and behavioural strategies in line with evidence-based approaches, or training in evidence-based/best practice intervention techniques.
* Evidence of good co-planning and co-working in paired delivery.
* Evidence of altering language or explanation responsively, modifying or adapting concepts and their delivery to ensure any intervention is understood and meaningful to the group members. Ensuring key information and intervention techniques are covered.
 | N/A | 1 | 2 | 3 |
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| **E** | **PRACTITIONER SKILLS AIMED AT FACILITATING UNDERSTANDING**The Practitioner uses appropriate techniques to facilitate the child/young person’s understanding of their life experiences and their problems, adapting these to the neurodevelopmental needs of the child or young person as appropriate. |
| E1 | **Psychoeducation** The Practitioner provides psychoeducation 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).
* The Practitioner uses a variety of methods to deliver this psychoeducation as appropriate in relation to the communication and cognitive style of the child, e.g. visualised handouts, drawings, whiteboards, questionnaires, visual stories, metaphor, helping the child/young person draw up their own cycle.
* The Practitioner checks out that the child/young person has understood psychoeducation and how the child/young person thinks it does/does not link to themselves.
* The Practitioner works with the system around the child/ young person to convey the importance of psychoeducation e.g. tics, trauma informed work and neurodivergent conditions.
 | N/A | 1 | 2 | 3 |
| E2 | **Recognising Emotions**The Practitioner helps the child/ young person with their emotional literacy, to distinguish between different emotions, and to differentiate between different levels of emotion, as demonstrated by:* The Practitioner helps the child/young person to distinguish between different emotions, e.g. emotional recognition work, where this is necessary and appropriate.
* The Practitioner helps the child/young person to develop an appropriate vocabulary for emotions.
* The Practitioner encourages the child/young person/parents/carers as appropriate to identify triggers for specific emotions.
* The Practitioner encourages the child/young person/parents/carers where appropriate to learn that emotions can be experienced at different levels, e.g. rating their emotions.
 | N/A | 1 | 2 | 3 |
| E3 | **Discovering Cognitions**The Practitioner helps the child/young person/parents/carers as appropriate to gain access to their cognitions as demonstrated by:* The use of a range of methods aimed at identifying cognitions, such as questionnaires, role play, puppets, cartoons and drawings.
* The Practitioner actively demonstrates interest in how the child/young person understands themselves, their relationships and the world in general.
* The Practitioner considers the role of the YP’s cognitions in the formulation and considers when further work on thoughts/ images is indicated.
* The Practitioner flexibly considers and accommodates the cognitive skills, thinking style and learning difference of the child/young person mindful of their neurodivergence where appropriate.
 | N/A | 1 | 2 | 3 |
| E4 | **Developing a Shared Formulation**The Practitioner 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 Practitioner gathers sufficient information about the child/young person’s past and present life to enable the development of a coherent formulation. Depending on the intervention, this may include:
* Drawing on appropriate methods (such as ABC charts, classroom observations) to explore and understand precipitating and perpetuating factors for behaviours of concern.
* Identifying a young person’s key thoughts, feelings and behaviours, and how these link together to maintain the child / young person’s current difficulties.
* The Practitioner incorporates systemic factors into the formulation where appropriate e.g. parent/carers/ teachers’ thoughts, feelings and behaviours and how these link together to maintain child/ young person’s current difficulties.
* The practitioner considers the CYP’s neurodevelopmental profile alongside systemic and environmental factors.
* The Practitioner makes reference to relevant theory and literature appropriate to the formulation where appropriate, e.g. refers to disorder-specific formulation models.
* A collaborative formulation is developed with the CYP/ parent/ carer. It is considered and clearly explained, including maintaining factors, of the current problem.
 | N/A | 1 | 2 | 3 |

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| **F** | **SPECIFIC SKILLS AIMED AT FACILITATING COPING, ACCEPTANCE AND CHANGE**In agreement with the young person and/or parent/carer, the Practitioner uses adapted 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 Practitioner supports the development of new coping strategies and acceptance where appropriate, as demonstrated by: * 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.
* Teaching new skills and techniques to manage stress and difficult feelings e.g. relaxation, distraction, helping a child/young person to develop adaptive self-talk in difficult situations.
* Using techniques to explore the relationship of self to problem in order to facilitate acceptance and compassion.
* Adapting strategies and resources according to the individual’s neurodivergent needs where appropriate.
 | N/A | 1 | 2 | 3 |
| F2 | **Problem-solving**The Practitioner 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.
* Evaluating these possible solutions and deciding which to try out.
* Developing a plan for trying out the agreed solution and possible barriers to the solution.
* Thinking about how others might be involved in a solution.
* Developing and adapting resources to accommodate the child/young person’s neurodivergent presentation.
 | N/A | 1 | 2 | 3 |
| F3 | **Specific behavioural change techniques**The Practitioner uses appropriate behavioural methods to facilitate change, e.g. psychoeducation on the CYP’s differences, benefit of adjustments and adaptations to the environment; positive reinforcement, functional analysis, developing hierarchies, graded exposure, behavioural activation, contingency management as demonstrated by:* Introducing appropriate behavioural strategies with a clear rationale for their use i.e. link intervention to maintaining factors (e.g. psychoeducation around the CYP’s difference and environmental support; linking PBS plan to functional analysis; exposure work to avoidance).
* Involving the child/young person and others in the system e.g. parent/carer, school.
* Developing resources which communicate learning and recommendations to support the child/young person in their network.
* Making use of rewards developed in an idiosyncratic way where appropriate, e.g. using praise, use of sticker charts/certificates, encouraging a young person to self-reward.
* The Practitioner ensures that the method is carried out well in the session, at home or at school.
* Developing a clear plan of action, including how they are going to be evaluated, e.g. changes in the environment, practice/role play in the session, review of behaviour records, symptom rating etc.
* When working with carers and teachers this may also include review meetings to monitor the impact of adjustments and accommodations to address the CYP’s learning difference.
* Evaluating and reflecting on the learning and how the CYP/parents/carers/teachers can continue to apply this in future. This may be linked to aspects of their formulation/TFB cycle/PBS informed plan/psychoeducation on the CYP’s differences and needs.
 | N/A | 1 | 2 | 3 |
| F4 | **Cognitive change methods**The Practitioner uses a range of cognitive methods to facilitate change e.g. stepping back from cognitions, evaluating and testing out cognitions, generating alternative cognitions, as demonstrated by:* Introduces appropriate cognitive methods with a clear rationale for their use.
* Uses appropriate techniques to develop awareness and identify cognitions e.g. thought records, bubbles.
* Uses appropriate techniques to identify the function and usefulness of specific cognitions or general processes, e.g. common cognitive biases, rumination.
* Uses appropriate techniques to help the young person to generate specific alternative cognitions or alternative thinking processes.
* Devising and discussing behavioural experiments for testing out old and new cognitions.
* Evaluating (including rating beliefs) and reflecting on what they have learnt and how to apply this in future.
* Adapting methods to accommodate cognitive styles where appropriate.
* Eliciting and challenging carer/parental cognitions/behaviours around the problems.
 | N/A | 1 | 2 | 3 |

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| **G** | **SETTING, MONITORING AND EVALUATING PROGRESS**The Practitioner monitors and evaluates progress throughout the intervention. |
| G1 | **Setting and using goals\***The Practitioner and child/young person or parent/carer set goals for intervention which they agree on, and are explicitly used to guide the focus of the sessions, as demonstrated by: * The Practitioner discusses and negotiates/agrees with the young person/carer goals/targets to work towards in sessions.
* The goals/targets are SMART and described in concepts, language and communicated in a way that are understandable to the child/young person/carer.
* The goals/targets are referred to in planning and reviewing activities in sessions.
 | N/A | 1 | 2 | 3 |
| G2 | **Seeking feedback about the session\***The Practitioner seeks feedback from the child/young person/parent/carer, as demonstrated by:* Providing an opportunity for quantitative and qualitative feedback about the content of the session and how this fits with the young person’s needs.
* Providing an opportunity for quantitative and qualitative feedback about the practitioner/YP/parent relationship.
* Providing an opportunity for discussion about any difficulties about the intervention.
* Providing an opportunity for parents/carers to inform session delivery.
 | N/A | 1 | 2 | 3 |
| G3 | **Systematic gathering of information about progress**The Practitioner uses a variety of methods, both quantitative and qualitative, during and at the end of the intervention, to assess progress and outcome of intervention, as demonstrated by:* The use of quantitative methods, such as mood ratings, standardised questionnaires, and 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 on functional improvements 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.
 | N/A | 1 | 2 | 3 |

**SWP-SCF Summary sheet**

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| **Item** | **Qualitative Comments and Time Stamps** | **Competence Rating**N/A: Not applicable1: Not competent2: Partially competent3: Competent |
| **A: Setting the Right Context** |
| A1: Ethical practice |  | N/A 1 2 3 |
| A2: Working with power and difference |  | N/A 1 2 3 |
| A3: Active reference to and/or involvement of the system |  | N/A 1 2 3 |
| **B: Therapeutic Alliance** |
| B1: Empathy |  | N/A 1 2 3 |
| B2: Child / Young person-centred |  | N/A 1 2 3 |
| B3: Creativity |  | N/A 1 2 3 |
| **C: Collaborative Practice** |
| C1: Facilitating engagement |  | N/A 1 2 3 |
| C2: Providing a rationale |  | N/A 1 2 3 |
| C3: Summarising |  | N/A 1 2 3 |
| **D: Structuring the Intervention Process** |
| D1: Joint session planning |  | N/A 1 2 3 |
| D2: Session focus and time management |  | N/A 1 2 3 |
| D3: Between session tasks |  | N/A 1 2 3 |
| D4: Working in groups |  | N/A 1 2 3 |
| **E: Practitioner skills aimed at facilitating understanding** |
| E1: Psychoeducation |  | N/A 1 2 3 |
| E2: Recognising emotions |  | N/A 1 2 3 |
| E3: Discovering cognitions |  | N/A 1 2 3 |
| E4: Developing a shared Formulation |  | N/A 1 2 3 |
| **F: Specific skills aimed at facilitating coping, acceptance and change** |
| F1: Developing coping strategies and acceptance |  | N/A 1 2 3 |
| F2: Problem-solving |  | N/A 1 2 3 |
| F3: Specific behavioural change techniques |  | N/A 1 2 3 |
| F4: Cognitive change methods |  | N/A 1 2 3 |
| **G: Setting monitoring and evaluating progress** |
| G1: Setting and using goals |  | N/A 1 2 3 |
| G2: Seeking feedback about the session |  | N/A 1 2 3 |
| G3: Systematic gathering of information about progress |  | N/A 1 2 3 |