Real Skills Plus
ICAMH/AOD

A Competency Framework for the Infant, Child, Youth and Whānau Workforces

Werry Workforce
WHĀRAURAU

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Introduction

Real Skills Plus ICAMH/AOD (2014), is a competency framework that describes the knowledge, skills and attitudes necessary to work with infants, children, and young people who have a suspected or identified mental health and/or alcohol or other drug (AOD) concern. The competencies for working with infants, children and young people also include their family/whānau and their community.

The framework was developed from the understanding that there are some areas of knowledge and skill that are unique to working with infants, children and young people with mental health and/or AOD concerns. These areas include developmental issues and working across multiple systems.

Real Skills Plus ICAMH/AOD was developed to reflect the *Let's get real* framework. *Let's get real* is a knowledge and skills framework for anyone who works alongside people and their whānau experiencing mental health and addiction needs. It outlines the values and attitudes, knowledge, and real skills, for working with people and whānau with mental health and addiction needs. Firstly developed in 2008 by the Ministry of Health, the framework was aimed at people working in mental health and addiction services. In 2018 it was refreshed to take a broader focus for everyone working across the wider health sector. Real Skills Plus ICAMH/AOD was also informed by *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017* (Ministry of Health, 2012), which emphasises the importance of all family/whānau receiving good quality, effective and culturally appropriate services.

The purpose of the Real Skills Plus ICAMH/AOD, is to support further development of the knowledge and skills of the infant, child and youth mental health and AOD workforce to enhance service provision. The Real Skills Plus ICAMH/AOD framework acknowledges the breadth of the workforce and sits alongside and supports professional competency or registration requirements. It provides a shared language we can use across roles, professions and health care contexts.

RSP ICAMH/AOD online assessment

Real Skills Plus ICAMH/AOD has an online assessment tool that enables individuals and services to complete an assessment of their level of skill and knowledge of infant, child and youth mental health and addiction issues. Once completed, individuals receive a report of their areas of strengths and areas for ongoing development. The report can then be used for various activities including: individual performance planning, team training needs and service development. The online assessment is free and accessible at **https://realskills.werryworkforce.org**

Real Skills Plus ICAMH/AOD complements and adds to existing frameworks, including:

Let's get real

Let's get real has three components – values, attitudes and the seven Real Skills. The intent of ***Let's get real*** is to have shared values and attitudes when working with people and whānau with mental health and addiction needs and to develop the knowledge and skills of the workforce described in the seven Real Skills. Real Skills Plus incorporates the values and attitudes of *Let's get real* and links with the Essential level of skill development for all practitioners.

For more information on *Let's get real* please go to **www.tepou.co.nz/initiatives/lets-get-real/107**

Te Whare o Tiki

A framework describing the knowledge and skills required by the mental health and addiction workforce to be able to effectively respond to the needs of people with co-existing problems and their family/whānau.

https://www.tepou.co.nz/resources

Real Skills Plus Seitapu

A framework describing the essential and desirable knowledge, skills and attitudes to engage with Pasifika peoples.

www.tepou.co.nz/resources/

Takarangi Competency Framework (Matua Raki, 2009):

The Takarangi Competency framework provides a pathway to develop cultural competence, enhance cultural fluency and analyse workforce needs relating to Māori responsiveness and monitor quality assurance.

www.matuaraki.org.nz/initiatives

Professional competency frameworks

Whilst Real Skills Plus ICAMH/AOD can be read as a stand-alone document, it is recommended that practitioners review this framework alongside the competency framework specific to their discipline.

The framework

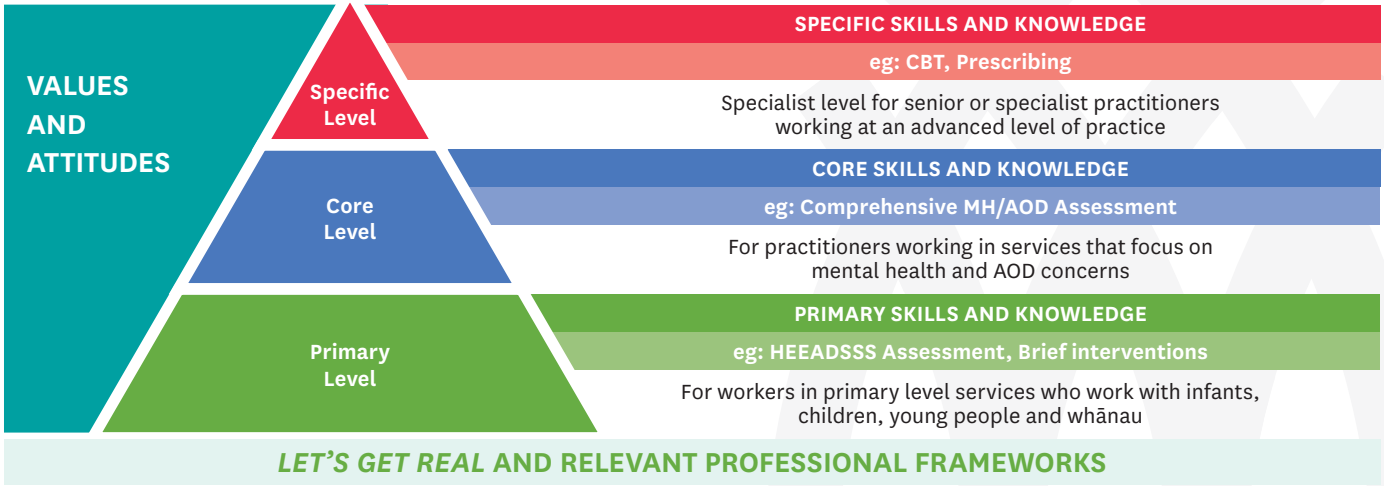
This section provides an overview of the framework and describes:

- Levels of practice
- The three domains
- Key principles
- Values and attitudes.

The following diagram provides an overview of Real Skills Plus ICAMH/AOD competency framework and illustrates how *Let's get real* and other professional frameworks support this framework.

There are three levels of practice (Primary, Core and Specific). These are organised within three domains (Engagement, Assessment, and Intervention) with knowledge and skills outlined to meet each domain.

The primary level of Real Skills Plus ICAMH/AOD incorporates the essential indicators from the *Let's get real* framework. Therefore, by achieving the 'primary' level competencies of Real Skills Plus ICAMH/AOD the essential level of *Let's get real* has also been met. At the 'core' and 'specific' level of Real Skills Plus ICAMHS/AOD practitioners are required to meet the essential and practitioner levels on the *Let's get real* framework.



LEVELS OF PRACTICE

The Primary level is for anyone who works with infants, children, young people and whānau, particularly those in the primary sector. It reflects the knowledge and skills that enable practitioners in primary level services to recognise a suspected mental health and/or AOD concern early, and provide a brief intervention and/or referral for an infant, child or young person and their family/whānau.

The Core level is for practitioners working in infant, child and youth mental health and AOD services. It outlines the core skills, knowledge and attitudes practitioners need (or should be working towards) to work with infants, children, young people and whānau who have a suspected or identified mental health or AOD concern. Practitioners at this level require competence in engagement, assessment and a range of therapeutic interventions.

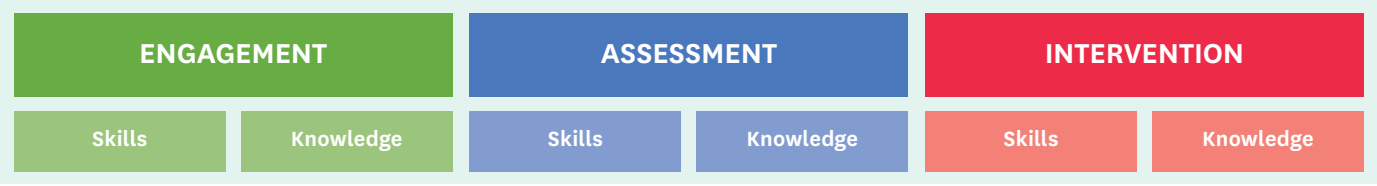
The Specific level is for practitioners that have specialist or specific areas of practice relevant to working with infants, children or young people and their families/whānau experiencing suspected or identified mental health and/or AOD concerns. It may include skills in specific assessment (for example, psychometric assessment); the ability to provide one or more evidence-informed interventions (for example, behavioural, cognitive, psychodynamic or systemic therapies); the ability to provide a cultural intervention and demonstrate cultural competence. Such knowledge and skills are usually gained as part of a tertiary education programme or equivalent.

For the purposes of this framework, the term 'practitioner' encompasses the broad range of people involved in the delivery of health care employed in a range of settings.

THE THREE DOMAINS

There are three domains in the framework: Engagement, Assessment and Intervention.

These reflect the processes encountered by service users during their contact with services. Each of these areas is further developed with descriptions of the relevant skills and knowledge required within each domain.



Key principles

There are six key principles which underpin the Real Skills Plus ICAMH/AOD framework.

These key principles are divided into six groups:

- Infants, children and young people
- Working from a developmental perspective
- Family/whānau
- Community systems
- Rights (legislation)
- Advocacy.

Details of these key principles are as follows.

INFANTS, CHILDREN & YOUNG PEOPLE

1. Practitioners should have knowledge of the specific mental health concerns which emerge during infancy, childhood and adolescence, and the continuum of AOD use (from experimentation through to dependence).
2. Infants, children and young people should have their cultural, physical, emotional and psychological needs met.
3. Children and young people who experience mental health and/or AOD concerns should have their perspectives heard by mental health and AOD workers, including their views on themselves, their lives, their future, their family/whānau and their community. They must be accepted as partners, and where possible leaders, at every point of their contact with the service.
4. Communication should occur in the context of developmentally appropriate language / communication.

WORKING FROM A DEVELOPMENTAL PERSPECTIVE

1. Knowledge of infant, child and youth development (physical, social, psychological, emotional, cultural and spiritual) and family processes is essential when working with infants, children and young people who experience mental health/AOD concerns as these experiences can adversely affect development.
2. Age appropriate assessment skills of infants, children and youth experiencing mental health / AOD concerns must include an understanding of the impact of these concerns on development, in order to plan and deliver appropriate interventions.
3. Practitioners should have knowledge of developmentally appropriate and evidence-informed best practice interventions and skills.
4. Practitioners should have knowledge of differing cultural perspectives of infant, child and positive youth development.

FAMILY/WHĀNAU

1. The underpinning philosophy and principles of Whānau Ora guide how services partner with infants, children, young people and their family/whānau, emphasising the importance of all whānau receiving good quality, effective and culturally appropriate services (see Glossary).
2. Practitioners should have a non-judgmental, compassionate understanding that family/whānau most often strive to do their best for their infant, child or young person.
3. Family/whānau have the right to be acknowledged as the 'primary support system' (Hansen et al., 2002, p. 12; Lumb, 2007), and to be involved at all points of the service contact involving the infant, child, or young person. Their views are essential in providing appropriate interventions, and as such they must be engaged as partners.
4. Practitioners should have specific skills in supporting, informing, and working in partnership with family/whānau who are the 'experts' on their infant, child, or young person.
5. Practitioners should have the skills to support people to make use of their strengths and natural supports.

COMMUNITY SYSTEMS

1. An understanding of the importance of the connections between an infant, child, young person, their family/whānau and their community is essential.
2. The skills to connect or reconnect the infant, child, young person and their family/whānau with their communities are important to the healing/therapeutic process.
3. Practitioners should have the knowledge, skills and attitudes to work with people from all cultural and ethnic backgrounds.
4. Practitioners should have the knowledge of local agencies, the ability to work across agencies and sectors, to coordinate care across agencies and sectors and to support inter-agency, inter-sectoral and multi-systemic interventions.

RIGHTS (LEGISLATION)

1. An understanding of the rights of infants, children, young people and their family/whānau, and intervening appropriately, are important in establishing and maintaining a safe environment (including protection of self and from others where safety is threatened).

2. Practitioners should have the understanding and ability to articulate current legislation and occupational regulations relevant to the provision of infant, child and youth mental health/AOD services. Examples include, but are not limited to, The Mental Health Compulsory Assessment and Treatment Act (Ministry of Health, 1992), and The Privacy Act (Privacy Commissioner, 1993), Health Practitioners Competence Assurance Act (Ministry of Health, 2003).

ADVOCACY

1. Providing active support for infants, children, young people and their family/whānau at all points of contact with mental health/AOD and related services is part of the practitioner's role.

2. An understanding of the importance of self-advocacy and young people moving towards independence is important.

   This also includes ensuring that young people and their families/whānau are confident in advocating for their needs.

3. Supporting young people and their families/whānau to increase confidence in advocating for their needs.

Values and attitudes

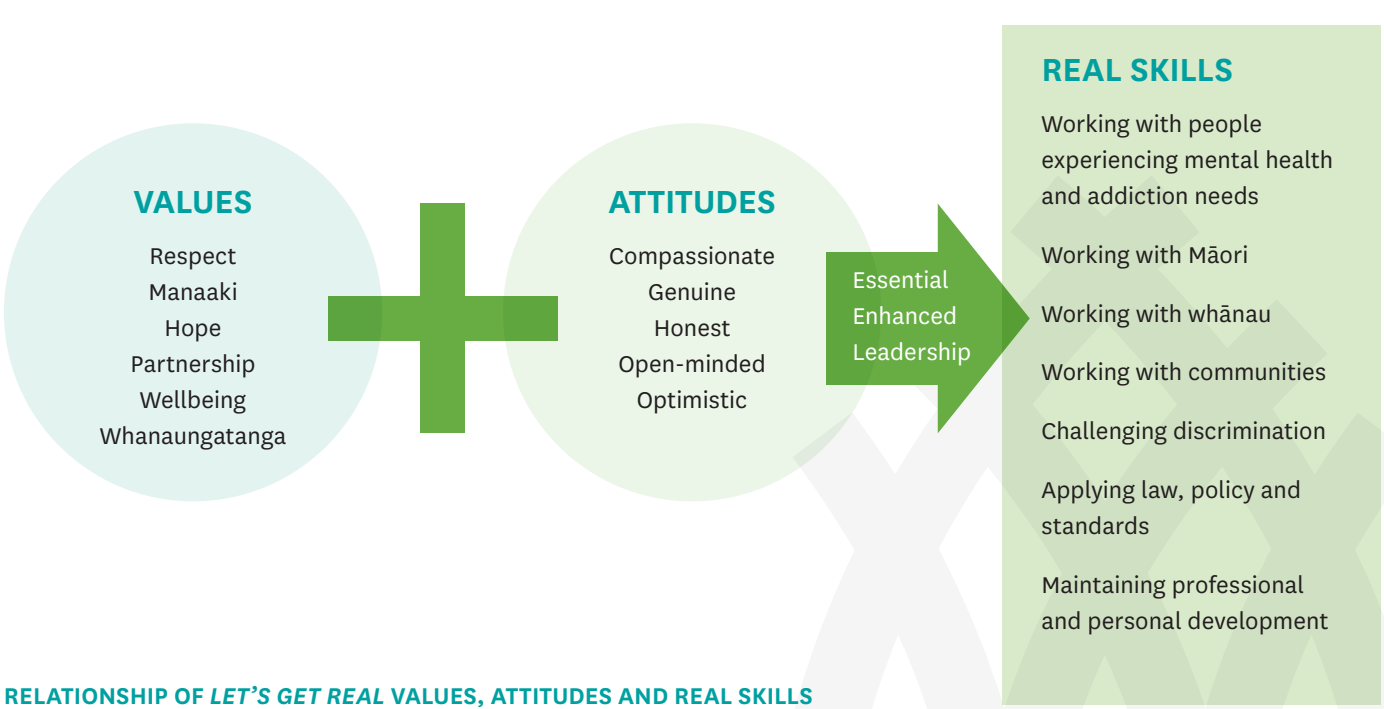
The Real Skills Plus ICAMH/AOD framework includes the underpinning values and attitudes of the *Let's get real* framework.

The values and attitudes are intended to express the shared approach, which applies across healthcare regardless of role, profession and organisation.

Working in a values-informed way means workers are more likely to effectively respond to and work in partnership with people accessing services.

For more details of *Let's get real*, values and attitudes please refer to:

'*Let's get real*: Real Skills for working with people and whānau with mental health and addiction needs.' (2018), Te Pou o te Whakaaro Nui and Ministry of Health. https://www.tepou.co.nz/initiatives/lets-get-real/107



RELATIONSHIP OF *LET'S GET REAL* VALUES, ATTITUDES AND REAL SKILLS

ENGAGEMENT (SKILLS)

Refers to the ability of the practitioner to develop a therapeutic relationship with an infant, child or young person and family/whānau to support and enhance wellbeing. At each level, the practitioner will actively involve and support the infant, child, young person and their whānau, working in partnership in all aspects of their contact with the service as appropriate.

PRIMARY SKILLS The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE SKILLS The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC SKILLS The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
Develop a therapeutic relationship which will enable recognition of mental health concerns for the infant, child and young person and/or caregiver. Communicate honestly, sensitively and empathically, using non-technical language in a way that is developmentally appropriate. Work in partnership with the child/young person and their family/whānau. Be able to elicit and acknowledge the perspectives of the child, youth and family and understand the beliefs and practices of their family/whānau culture. Work with interpreters when required.			Apply the principles of recovery and wellbeing in developing therapeutic relationships. Work in partnership with children, young people, parents/caregivers, and family/whānau using the therapeutic relationship as a basis for assessment and intervention. Be able to work therapeutically with both the child, young person and the parent(s)/other family members simultaneously, even when they are in conflict.			Be a resource for other health practitioners regarding appropriate engagement techniques with infants in the context of the infant-parents/caregiver relationship (consider teaching, mentoring, supervision). Be aware of the care team responses triggered by infant/caregiver distress which could have a potentially negative impact on the engagement process with parents/caregivers. Demonstrate language skills to engage with family/ whānau for whom English is a second language.		

ENGAGEMENT (SKILLS) CONTINUED

Refers to the ability of the practitioner to develop a therapeutic relationship with an infant, child or young person and family/whānau to support and enhance wellbeing. At each level, the practitioner will actively involve and support the infant, child, young person and their whānau, working in partnership in all aspects of their contact with the service as appropriate.

PRIMARY SKILLS The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE SKILLS The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC SKILLS The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
Demonstrate competence at the Essential level of *Let's get real - Real Skills: Working with Māori* www.tepou.co.nz/letsgetreal Demonstrate competence at the Core level of R*eal Skills Plus Seitapu: Working with Pacific Peoples*. Be able to articulate the extent and limits of one's own cultural understanding, as well as when to seek cultural advice/support. Use technologies that support the process of engagement with young people and families/ whānau (e.g. texting).			Work in partnership with children, young people (and families) to find out what the young person wants out of contact with the service, and life more broadly, and to use this as the basis for ongoing work with them. Engage with young people in a way that recognises the whole person, and the strengths they and their family/whānau bring.			Demonstrate leadership by developing and implementing policies that support relationships developed on the principle of partnership with the child/ young person and their family/whānau. Contribute to/lead service development and improvement work to create an engaging and welcoming service environment, e.g. work with consumer and family advisors to create a youth-friendly waiting room and family/ whānau room, implement texting for appointment reminders, etc.		

ENGAGEMENT (KNOWLEDGE)

PRIMARY KNOWLEDGE The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE KNOWLEDGE The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC KNOWLEDGE The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
Understand the issues of consent and confidentiality relevant to working with infants, children and young people, as well as how to communicate these to them and their family/whānau, as required. Have some knowledge of the values, beliefs and practices of minority ethnicities and cultures. Know relevant legislation and policies such as: · The Vulnerable Children's Act, (2014) · Health Information Privacy Code, (1994) · Consent in Child & Youth Health: Information for Practitioners (Ministry of Health, 1998).			Understand the principles of the therapeutic relationship and recognise that this relationship will be a key to assessment and intervention processes. Understand the principles of developmentally appropriate engagement. Know that optimal growth and development of infants and young children occurs within nurturing relationships and therefore engagement with these individuals must occur in the context of their parents/ caregivers (Karoly, Kilburn, & Cannon, 2005; Zeanah, 2000). Know how to develop a therapeutic relationship with the parent/caregiver based on trust and caring and use this as the basis for assessment and intervention processes.			Understand and be familiar with current practices related to engagement and the specific research and literature about best practice regarding infant, child and youth MH/AOD engagement.		

ENGAGEMENT (KNOWLEDGE) CONTINUED

PRIMARY KNOWLEDGE The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE KNOWLEDGE The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC KNOWLEDGE The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
Understand the impact of stigma and discrimination on engagement with mental health/AOD services for children, young people and their family/whānau.			Be aware of the cultural views of the parent/caregiver with regard to the care team interacting with or holding infants. Understand how social and cultural context may impact upon mental health/AOD concerns. Understand health disparities across cultures/ethnicity and social classes may affect mental health of infants, children, young people and family/whānau. Understand the impact of stigma and discrimination on both presentation of and treatment of mental health and AOD concerns. Know how to address the impact of stigma and discrimination on the presentation and treatment of mental health and AOD concerns.					

ASSESSMENT (SKILLS)

Refers to the ability of the practitioner to gather the relevant information required to develop a formulation, enabling the development of a plan of intervention.

At the Primary level, the worker will be able to gather enough information to identify the presence of mental health /AOD concerns and act accordingly.	At Core and Specific levels, the practitioner will be able to complete a multi-dimensional assessment of the infant, child or young person and their family/whānau. This will be inclusive of physical, social, emotional, psychological, cultural and spiritual aspects of development. The formulation will be developed in partnership with the child, family/whānau and the care team to determine whether or not mental health services are required.

PRIMARY SKILLS The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE SKILLS The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC SKILLS The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
Practice in a developmentally appropriate manner, such as eliciting from the infant, child or young person their view of their world (through speech or using other means); using age-appropriate language with young people (especially when discussing sensitive issues). Ensure that the perspective of the child or young person is heard and acted on during the care planning process.			Conduct a comprehensive mental health and AOD assessment for an infant, child or young person and communicate findings to colleagues, young people and families in a strengths-based manner. Components should include all of the following: • Taking a full history of recent and past issues in order to recognise mental health and AOD concerns experienced by the child, young person or any members of family/ whānau • Conducting a mental state examination of the child/ young person (and sometimes their carer)			With appropriate training, act as a resource to the care team and contribute to the assessment process by: • Assisting with diagnostic clarification of mental health/ AOD problems (inclusive of Co-Existing Problems (CEP) using either DSM V or ICD 10 diagnostic systems) • Using a single or combined theoretical model for the formulation of more complex cases		

ASSESSMENT (SKILLS) CONTINUED

Refers to the ability of the practitioner to gather the relevant information required to develop a formulation, enabling the development of a plan of intervention.

PRIMARY SKILLS The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE SKILLS The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC SKILLS The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
Recognise vulnerability, strengths and resiliency factors via an assessment process. Vulnerability recognition includes risk to self, to others and from others (also applicable to intervention phase). Know when to seek the assistance of other professionals in relation to risk to self, to others and from others. Conduct a brief psychosocial assessment of young people using a recognised framework such as the HEEADSSS Assessment (a framework for engagement and assessment) (Klein et al., 2014). Undertake screening for substance use in young people using a validated scale such as the Substance & Choices Scale (SACS) (Christie et al., 2007).			(continued) · Gathering information regarding the child's or young person's view of the problem and their world, whether this is articulated through speech, art, writing, play or other media · Seeking information about the strengths, skills, resiliencies and hopes held by the young person and/or their family/whānau · Identifying and documenting the family/whānau perspective · Assessing the strengths and difficulties in the infant/parent/caregiver relationship · Gathering collateral information from other agencies or relevant individuals			(continued) · Providing and interpreting specialist targeted assessments, such as psychometric tests · Undertaking a formal neuropsychiatric assessment · Undertaking a physical examination to help discriminate between mental health and physical presentations as well as physical consequences of mental health problems · Undertaking a sensory assessment · Undertaking a comprehensive cultural assessment · Undertaking a psychodynamic playroom assessment		

ASSESSMENT (SKILLS) CONTINUED

Refers to the ability of the practitioner to gather the relevant information required to develop a formulation, enabling the development of a plan of intervention.

PRIMARY SKILLS The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE SKILLS The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC SKILLS The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
Use more specific assessment tools for mental health problems, e.g. the *Kessler Psychological Distress Scale* (Kessler et al., 2002). Identify mental health/AOD concerns present for the parent/ caregiver that may impact upon their developing relationship with their infant, child or young person.			(continued) · Undertaking a comprehensive assessment of risk and resilience, with an emphasis on environmental safety · Organising or undertaking relevant investigations. This includes being able to administer evidence informed screening and assessment tools (see examples in Appendix B) · Formulation of the issues (integrating theoretical frameworks with information gathered during the assessment) to create a summary that links with an appropriate care plan			(continued) · Undertaking a youth forensic assessment. Infant-specific practitioner skills: Be able to act as a resource to the care team and contribute to the assessment process by undertaking a specialist infant assessment, components of which include: · Completing a physical assessment of the infant and being able to recognise the effects of substances on infant development, e.g. fetal alcohol syndrome and effects · Undertaking a detailed developmental assessment		

ASSESSMENT (SKILLS) CONTINUED
Refers to the ability of the practitioner to gather the relevant information required to develop a formulation, enabling the development of a plan of intervention.

PRIMARY SKILLS The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE SKILLS The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC SKILLS The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
			(continued) • Developing a care plan in partnership with the child, young person, whānau and the care team which includes consideration of cultural and clinical concerns (including risk), clear goals (including transition from the service) and review process • Understanding the influence of trauma, loss and environmental stressors on young people and families presenting issues.			• Completing an infant mental status assessment developed from an evidence-informed diagnostic framework, using interview, observation and direct interaction method (such as *The DC: 1-3R Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (Zero to Three, 2005) • Using specific assessment tools for 0-4 year olds, including assessment of infant-parent/ caregiver relationship • Being a consultant to adult mental health and perinatal services on infant mental health where a parent/ caregiver presents with mental health concerns which may impact on their developing relationship with their infant.		

ASSESSMENT (KNOWLEDGE)

PRIMARY KNOWLEDGE The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE KNOWLEDGE The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC KNOWLEDGE The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
Understand the key developmental milestones for infants, children, young people and family/whānau. Have a broad knowledge of common and emergent mental health/AOD concerns. Understand the concept of family/whānau, family/whānau dynamics and the family/ whānau as a system. Understand how ethnicity and/or culture of the infant, child, young person and their family/whānau may impact upon presentation, assessment and intervention. Work in a culturally-inclusive manner with regard to engagement, assessment and intervention. Understand that infants, children, young people and families/whānau have strengths, skills and resilience.			Have a detailed knowledge of infant, childhood and adolescent development, including: · Emotional and social development · Cognitive development · Sensorimotor and physical development · Cultural/spiritual models · Internal, environmental and systemic factors that may enhance or adversely affect development.			Have in-depth knowledge related to the provision of specific skills listed above. Have comprehensive knowledge of *The DC: 0-3R Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood* (Zero To Three, 2005). Have in-depth knowledge and awareness of specific cultures.		

ASSESSMENT (KNOWLEDGE) CONTINUED

PRIMARY KNOWLEDGE The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE KNOWLEDGE The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC KNOWLEDGE The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
			Have an understanding of common mental health and AOD problems affecting infants, children and young people, as well as co-existing problems. This includes an awareness of how these are classified according to key documents such as: • *Diagnostic & Statistical Manual (DSM- V)* (American Psychiatric Association, 2013) • I*nternational Classification of Diseases (ICD 10)* (World Health Organization, 2004).					

ASSESSMENT (KNOWLEDGE) CONTINUED

PRIMARY KNOWLEDGE The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE KNOWLEDGE The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC KNOWLEDGE The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
			Have an understanding of common theoretical frameworks applied within infant, child and adolescent mental health including: · Attachment Theory · Cognitive Theory · Behaviour/Learning Theory · Interpersonal Theory · Systemic Theory · Dynamic Theory (Also applicable to intervention phase). Know how to integrate some/ all of these theories with information gathered during an assessment to complete a bio-psycho-social formulation.					

ASSESSMENT (KNOWLEDGE) CONTINUED

PRIMARY KNOWLEDGE The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE KNOWLEDGE The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC KNOWLEDGE The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
			Have knowledge of alternative models of formulation using singular frameworks (such as systemic or psychodynamic formulation) Have knowledge of cultural frameworks (such as Te Whare Tapa Whā (Māori) and Fonofale (Pacific) and how and where to access these when needed. Have up-to-date knowledge of alcohol and other substances which may be used by children and young people, including their potential side-effects. Have some knowledge and understanding of effects and side-effects of commonly prescribed medications. Know how to talk to young people and/or families and how to address side-effects in conjunction with specialist practitioners within the service.					

ASSESSMENT (KNOWLEDGE) CONTINUED

PRIMARY KNOWLEDGE The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE KNOWLEDGE The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC KNOWLEDGE The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
			Have good knowledge and understanding of the principles of recovery and resilience (Mental Health Commission, 2001) Recognise the inter-relationships between not only the individual, but also the family/whānau in recovery and resilience. Understand the developmental stage of family/whānau and the impact of multidimensional risks on the developmental process. Have knowledge regarding the potential impact of being a child with a parent who has a mental illness or AOD concern (Supporting Parents Healthy Children [SPHC]). Have knowledge of the support that exists for children, and for their parents (both formal SPHC supports, and other supports in the community like kids' clubs or parenting support groups).					

ASSESSMENT (KNOWLEDGE) CONTINUED

PRIMARY KNOWLEDGE The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE KNOWLEDGE The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC KNOWLEDGE The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
			Have knowledge and understanding of *Real Skills Plus Seitapu: Working with Pacific Peoples* (incorporates aspects of Seitapu core competencies). Understand the *Te Whare o Tiki* framework describing the knowledge and skills required by the mental health and addiction workforce to be able to effectively respond to the needs of people and their families and family/ whānau, with co-existing problems.					

INTERVENTION (SKILLS)

Refers to the range of practices that are chosen to support service user wellbeing.

The primary level worker will be able to provide a range of best practice/evidence-informed and culturally appropriate interventions to the level of their skills and knowledge in consultation with the clinical team or as per service guidelines and policy.

The core and specific mental health/AOD practitioner will be able to provide a range of best practice/evidence–informed and culturally appropriate interventions. These are described in comprehensive care plans for infants, children and young people with mental health/AOD concerns and their family/whānau.

PRIMARY SKILLS The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE SKILLS The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC SKILLS The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
Where training has occurred and supervision/consultation is available, deliver evidence-informed brief interventions such as solution-focused techniques, family work, motivational interviewing and basic cognitive behavioural strategies. Provide written, video and web-based information or psycho-education to children, young people and their family/whānau. Work collaboratively with and make referrals to other services.			Develop and document a care plan in partnership with the child, young person, family/whānau and care team. The plan must include consideration of cultural and clinical concerns including risk, clear goals, including transitioning from service, risk/resilience planning and review process. Deliver interventions using a family/whānau focused approach. Implement interventions, consistent with relevant evidence-based practice guidelines.			Deliver and support core-level practitioners to undertake evidence-based therapies using one or more modalities, including but not restricted to the following: · Cognitive Behaviour Therapy · Behaviour Therapy · Family Therapy · Interpersonal Therapy · Dynamic Psychotherapy (including play, art) · Infant Therapies · Occupational Therapy/ Vocational Rehabilitation.		

INTERVENTION (SKILLS) CONTINUED

PRIMARY SKILLS The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE SKILLS The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC SKILLS The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
Maintain appropriate boundaries in interactions with the infant, child, young person and their family/whānau. Practice within the boundaries of relevant scope of professional practice, being aware of own limitations and when consultation and referral are required. Work in partnership with other agencies, child/youth consumer advisors and family/whānau advisors within the health sector in order to support appropriate entry and transition of infants, children and young people and their family/whānau from the agency/service.			With training and active collaboration with or supervision from practitioners with specific skills, within or external to the service, be able to provide evidence-based therapy using one or more modalities, including but not restricted to the following: · Cognitive Behaviour Therapy · Behaviour Therapy · Family Therapy · Interpersonal Therapy · Dynamic Psychotherapy (including play, art) · Infant Therapies · Occupational Therapy/ Vocational Rehabilitation.			Act as a resource to the care team and contribute to the intervention process by: · Supporting the enactment of recommendations of formal neuropsychiatric assessment · Conducting on-going physical examination to help discriminate between mental health and physical presentations as well as physical consequences of mental health problems · Undertaking regular physical observations (such as weight, pulse and blood pressure monitoring) · Prescribing psychotropic medication and acting as a resource for the team on pharmacological interventions		

INTERVENTION (SKILLS) CONTINUED

PRIMARY SKILLS The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE SKILLS The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC SKILLS The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
Appropriately consult with non-health services (such as education, justice and social services, including Oranga Tamariki) and engage in interagency activities with these services when required.			Be capable of maintaining risk management plans for infants, children and young people by updating and documenting on-going assessments of mental health risks and care and protection issues.			(continued) · Undertaking sensory therapies · Being available as a supervisor for the team, supporting the practitioners' reflective process and supporting practitioners to monitor their own emotional health and professional boundaries · Undertaking culturally-based therapies · Organising complex multi-agency meetings accessing external support such as High & Complex Needs funding · Being a resource to the team on issues for children of parents with mental illness and/or addictions (SPHC).		

INTERVENTION (SKILLS) CONTINUED

PRIMARY SKILLS The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE SKILLS The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC SKILLS The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
Maintain up-to-date client records. Document and manage vulnerabilities (including risk to self, to others and from others). Use technologies that support the process of engagement with young people and family/ whānau, e.g. texting.			Coordinate meetings of family, and multi-disciplinary professionals, either informally or in conjunction with external agencies (such as *Strengthening Families*), so that infants, children and young people receive optimally coordinated care. Provide or coordinate all interventions to be offered in the context of Whānau Ora principles and cultural competence, being cognisant of the needs of people from the range of cultures and ethnicities attending infant, child and youth mental health/AOD services.			With appropriate training, monitor and provide interventions to the child or young person under the *Mental Health Compulsory Assessment & Treatment Act* (Ministry of Health,1992). Utilise in-depth knowledge of mental health and/or AOD practice to develop psycho-education resources for children, young people and their families/whānau. Role-model reflective practice. Lead clinical review processes. Be involved in the delivery of professional, clinical, and cultural supervision.		

INTERVENTION (SKILLS) CONTINUED

PRIMARY SKILLS The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE SKILLS The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC SKILLS The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
			Identify and intervene early in the lives of children and families experiencing distress through mental health and AOD concerns. Offer appropriate support for adult MH and AOD clients in their role as parents. Provide group psycho-education programmes that provide peer support for children and young people and promote resilience. Make referrals for support from SPHC services. With training, be able to routinely use global outcome measures to evaluate clinical change.			Be a resource and a role model for the team regarding the provision of intersectoral interventions. Be able to develop interagency service level agreements. Provide consultation and liaison to a broad range of community and specialist agencies across sectors involved in the wellbeing of infants, children, young people and their family/whānau. Be available as a resource to the team regarding the importance of maintaining professional boundaries. Be actively involved in supporting/teaching/coaching/mentoring/supervising students/interns/new staff.		

INTERVENTION (SKILLS) CONTINUED

PRIMARY SKILLS The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE SKILLS The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC SKILLS The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
			In conjunction with practitioners with specific level skills within the service, be able to use more targeted clinical outcome measures. Participate in or develop research (ethics committee approved) that is aimed at enhancing service provision and improving outcomes for service users.			Provide support to children and young people who have had experiences of using mental health/AOD services to participate in service planning and delivery, promoting opportunities for these people to move into youth/family/whānau consumer advisory roles. Be able to initiate and lead ethics-approved research that is aimed at enhancing service provision and improving outcomes for service users. Be actively involved in recruitment and retention processes within infant, child and youth mental health/AOD services.		

INTERVENTION (KNOWLEDGE)

PRIMARY KNOWLEDGE The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE KNOWLEDGE The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC KNOWLEDGE The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
Have broad knowledge of resources and networks within the community for infants, children, young people and their family/whānau to access evidence-based parenting courses such as *Incredible Years* (Webster-Stratton, 2005), *Triple P* (Sanders, Markie-Dadds, Turner, & Brechman-Toussaint, 2000) (see Appendix A). Have knowledge of techniques that children and young people can use to self-soothe, e.g. breathing, visualisations, sensory modulation, etc. Understand the principles and delivery of support and advocacy for children/young people.			Have some knowledge of theoretical frameworks, e.g. attachment theory and other developmental theories. Have knowledge of the best-supported and promising evidence-based interventions, e.g. Cognitive Behavioural Therapy, Motivational Interviewing. Have knowledge of outcome measures such as *HoNOSCA*, (Gowers, Harrington, Whitton, et al., 1999), *Strength and Difficulties Questionnaire*. (Goodman & Goodman, 2009) Understand how to take a systemic approach in all family/whānau contacts including the plan for transitioning and integrating with community systems.			Have in-depth knowledge of risk management processes and legislation relevant to infants, children and young people and their family/ whānau with mental health and /or AOD concerns. Have in-depth understanding of inter-sectoral interventions. Know how to develop interagency service level agreements. Have in-depth knowledge of mental health /AOD practices enabling consultation and liaison to a broad range of community and specialist agencies across sectors involved in the mental health and wellbeing of infants, children, young people and their family/whānau.		

INTERVENTION (KNOWLEDGE) CONTINUED

PRIMARY KNOWLEDGE The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE KNOWLEDGE The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC KNOWLEDGE The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
Know how to access written, video and web-based information or psychoeducation for children, young people and their family/whānau. Understand the barriers to maintaining contact with services for young people and their families/whānau and how services can ameliorate these, e.g. transport, stigma and discrimination, not wanting to miss school, etc. Know the principles of working in partnership with other agencies, youth consumer advisors and family/whānau advisors within the health sector, in order to support appropriate entry and transition from the agency/service.			Have knowledge of parental rights and relevant legislation such as child protection legislation and informed consent with regards to children, young people and their family/whānau.			Have in-depth knowledge of context for inter-sectoral relationship management (system of care principles and philosophy). This will enable the provision of advice to the care team on the implementation of community engagement and the development of community relationships including those with a broad range of multicultural agencies. Know how to support young people who have had experiences of using mental health/AOD services to participate in service planning and delivery, promoting opportunities for these people to move into youth/family/whānau consumer advisory roles.		

INTERVENTION (KNOWLEDGE) CONTINUED

PRIMARY KNOWLEDGE The primary level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	CORE KNOWLEDGE The core level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT	SPECIFIC KNOWLEDGE The specific level practitioner is expected to:	COMPETENT	NEEDS DEVELOPMENT
Have a basic understanding of the role of audit in practice improvement and when necessary, the requirement to contribute data for service improvement at a local or national level. Have an awareness and understanding of the Whānau Ora approach (Taskforce on Whānau-Centred Initiatives, 2009) that sees the infant, child and young person as part of a whole family/whānau, recognising the relationship between the wellbeing of the family/whānau and the child/young person. Know how to use an inclusive inter-agency approach to empower family/ whānau as a whole.			Understand the context for inter-sectoral relationship management (system of care principles and philosophy).			Have an understanding of the principles of workforce development and the need to develop and sustain the ICAMH/ AOD workforce. Know how to interpret outcome data and use such data in service-delivery planning. Know how to initiate and lead ethics-approved research that is aimed at enhancing service provision and improving outcomes for service users. Have knowledge and understanding of the principles of policy development in relationship to service delivery. Have knowledge of the principles and models of effective leadership. Lead the development of clinical models of care across multiple services.		

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Glossary

For the purposes of this framework, the following definitions are offered:

BRIEF INTERVENTION:	Brief interventions are interventions that are limited by time and focused on changing behaviour.
CARE TEAM:	People working together at an infant, child, and youth mental health/AOD service.
CARERS:	People who are parents, guardians or caregivers of an infant, child or young person.
CHILD:	4-12 years of age.
INFANT:	A description of infancy and toddler-hood, aged from birth to 4 years.
PARENT/CAREGIVER:	Person/couple having given birth to, or holding custody/ guardianship, of a child.
PRACTITIONER:	Encompasses the broad range of people employed in the non-government, private and government sectors who have attained the minimum knowledge, skills and attitudes to work in an infant, child or youth mental health/AOD service at primary level and secondary services.
WHĀNAU:	Family or extended family/group of people who are important to the infant, child or young person.

WHĀNAU ORA

Whānau Ora is an inclusive, culturally anchored approach to providing services and opportunities to whānau and families across New Zealand. It empowers whānau and families as a whole, rather than separately focusing on individual family members and their problems.

Whānau Ora is being implemented in Māori health services in Aotearoa/New Zealand and is expected to contribute to the broad dimensions of whānau wellbeing, as determined by whānau (Rising to the Challenge, Ministry of Health, 2012). These aspects include:

- Self-managing
- Living healthy lifestyles
- Participating fully in society
- Confidently participating in te ao Māori
- Economically secure and successfully involved in wealth creation
- Cohesive, resilient and nurturing (Taskforce on Whānau-centred Initiatives, 2009).

YOUNG PERSON:

13-19 years of age.

Appendices

APPENDIX A: EXAMPLES OF EVIDENCE-INFORMED INTERVENTIONS

Examples of resources to inform evidence-based practice:

NZ: Evidence Based Interventions (Werry Workforce Whāraurau, 2019) Retrieved from https://werryworkforce.org/evidence-based-interventions-work

UK: Mental Health in Scotland The Matrix – 2015: A guide to delivering evidence-based Psychological Therapies in Scotland' is a comprehensive review of evidence-based interventions. 'The Matrix' is intended to provide a summary of the information on the evidence base for the effectiveness of particular psychological therapies for particular service-user groups. The Matrix evidence tables use a unified system for grading evidence and making recommendations.

This current version includes new or revised tables on the evidence base for the application of psychological interventions with:

- Older people
- Children and adolescents
- People with learning disabilities
- Forensic populations
- Trauma and PTSD
- Depression.

USA: Performance of Evidence-Based Youth Psychotherapies Compared with Usual Clinical Care: A Multilevel Meta-analysis. Weisz, J. R., Kuppens, S., Eckshtain, D., Ugeto, A. M., Hawley, K. M., & Jensen-Doss, A. (2013). JAMA Psychiatry 70 (7), 750-761

USA: What Works for Whom? A critical review of treatments for children and adolescents (2ndEd). Fonagy, P., Cottrell, D., Phillips, J., Bevington, D., Glaser, D., & Allison, E. (2015). New York: Guilford.

Examples Of Evidence-Based and Evidence-Informed Interventions:

Child-Parent Psychotherapy (Lieberman, Van Horn, & Ghosh Ippen, 2005)

Circle of Security Intervention (Powell, Cooper, Hoffman, & Marvin, 2013).

Cognitive Behavioural Therapy (CBT) (Beck, Emery, & Greenberg, 1985; Graham & Goodyer, 2004 and The Beck Institute https://beckinstitute.org/)

Dialectical Behaviour Therapy (DBT) (Linehan, 2006)

Family Therapy (FT), (Carr, 2006, and Gurman & Knisken, 1991)

Guided Interaction (McDonough, 2000)

Interpersonal Psychotherapy for Adolescents (Weissman, Marcowitz, & Klerman, 2000)

Motivational Interviewing (Miller & Rollnick, 2012)

Multi-Systemic Therapy (MST) (Borduin, 1999 and Sheidow & Woodford, 2003)

Parenting programmes:

'The Incredible Years' (Webster-Stratton, 2005) http://www.incredibleyears.com/ http://www.incredibleyears.com/wp-content/uploads/IY-Series-Internationally-Evidenced.pdf

'Triple P' (Sanders et al., 2000) https://www.triplep.net/glo-en/home/ https://pfsc-evidence.psy.uq.edu.au/PDF/3385851546/Sanders%20(AV,%202012).pdf

Psychopharmacology (Werry & Aman, 1999)

Solution Focused Therapy (O'Connell, 2012)

Steps Towards Effective Parenting (STEEP) (Egeland & Erickson, 2004 and Suess et al., 2016)

Watch, Wait and Wonder (Barlow, Bennett & Midgley, 2015 and Cohen et al., 2006)

APPENDIX B: EXAMPLES OF EVIDENCE-BASED CHECK LIST/ASSESSMENT TOOLS/DIAGNOSTIC SYSTEMS

- **Diagnostic and Statistical Manual of Mental Disorders** (5th ed.). American Psychiatric Association. (2013). Arlington, VA, American Psychiatric Association. Web: dsm.psychiatryonline.org.
- **HEEADSSS 3.0** (Klein, Goldenring, & Adelman, 2014).
- **Infant Toddler Social & Emotional Assessment (ITSEA)** (Carter, et al., 2003); & Brief Infant-Toddler Social Emotional Assessment (BITSEA) (Briggs-Gowen, et al., 2004).
- **Kessler Psychological Distress Scale** (Kessler, 2002) and https://www.nzgp-webdirectory.co.nz/ site/nzgp-webdirectory2/files/pdfs/forms/Kessler_10.pdf.
- **Relationship Problems Checklist [RPCL]** (Zero to Three, 2005).
- **Substance & Choices Scale (SACS)** (Christie, 2007).
- **The Parent-Infant Relationship Global Assessment Scale [PIR-GAS]** from Axis II of Diagnostic classification of mental health & developmental disorders of infancy and early childhood [DC: 0- 3 Revised].
- **World Health Organization** (2004). International statistical classification of diseases and related health problems (ICD-10). Tenth Revision (Vol.2, 2nd ed.). Geneva: Author.
- **Zero to Three** (2005). Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood: Revised Edition (dc: 0-3r). Washington, DC, ZERO TO THREE Press.

APPENDIX C: OVERVIEW OF RELEVANT FRAMEWORKS

A search for other competency frameworks for the infant, child, youth and family/whānau mental health and AOD workforces was broadened to include frameworks for the whole of mental health and addiction workforces. In addition to the professional competency frameworks outlined in this document, the frameworks that were helpful in the development of this revised version of Real Skills Plus ICAMH/AOD were as follows:

NZ: Recovery Competencies for New Zealand Mental Health Workers (Mental Health Commission, 2001):

The competencies in this New Zealand framework focus on partnership, participation, strengths-based practice, self-awareness, social justice and recovery. Recovery is defined as 'the ability to live well in the presence or absence of one's mental illnesses'. The competencies guide a significant amount of the current delivery of mental health services in New Zealand.

(http://www.maryohagan.com/resources/Text_Files/Recovery%20Cometencies%20O'Hagan.pdf)

Australia: NSW Child & Adolescent Mental Health Service (CAMHS) Competency Framework (2011):

Competencies are identified within three broad categories – universal, clinical and population approach competencies. Clinical competencies apply to clinical staff and population approach competencies apply to professionals with mental health promotion and primary prevention responsibilities (www.health.nsw.gov.au).

UK: A Competence Framework for Child & Adolescent Mental Health Services, NHS Education for Scotland:

The competence framework is designed primarily to be relevant to specialist CAMHS workers in child and adolescent mental health settings. Specific parts of the competence framework will be relevant to professionals in the wider networks such as primary school teachers, health visitors and social workers. (http://www.ucl.ac.uk/CORE)

USA: New Hampshire Children's Behavioral Health Core Competencies (Oct 2012):

The framework identifies six guiding principles within seven competency domains, reflecting the primary content areas for the knowledge and skills that are known to be critical in the delivery of services in the children's behavioural health field. The competencies are organised by levels of knowledge and skills in each domain. There are three levels, foundation, intermediate and advanced. (http://www.iod.unh.edu/pdf/NH_BHCompetencies_FINAL.pdf).

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