

# **CURRICULUM FRAMEWORK FOR CHILD AND ADOLESCENT PSYCHIATRY**

## **2. ESSENTIALS OF CHILD AND ADOLESCENT PSYCHIATRY**

The specialist in child and adolescent psychiatry

**in her/his/their daily work**

1. Establishes, develops, maintains and concludes appropriately relationships with children and adolescents of all ages and with families in both assessment and therapeutic interventions.
2. Has thorough knowledge of typical child and adolescent development (language, motor skills, emotions, cognition, social skills, sexuality), the impact of positive and negative intrinsic and extrinsic factors, the trajectories of atypical development as well as of child and adolescent developmental psychopathology.
3. Expertly assesses and diagnoses children and adolescents who have mental health problems using a biopsychosocial model, identifies contributing issues and protective factors, synthesizes a formulation, maps to current classifications and develops a treatment plan to be reviewed and revised over time as necessary.
4. Gives careful thought to and takes into account issues of trauma experience, intergenerational influences, culture and diversity as they affect individual children, adolescents and families in the particular society from which they come and in which they live.
5. Manages mental health emergencies occurring in children and adolescents, assesses and manages risk to self and others and identifies when the child or young person needs urgent referral or sustained inter-professional or inter-agency collaboration with a pediatrician, other medical specialists and other agencies with clearly defined responsibilities, shared risk and hand-over procedures.
6. Performs full physical and neurological examinations, orders and interprets appropriate tests, and cooperates with colleagues from other disciplines.
7. Provides up-to-date psychopharmacological treatment understanding the risk and benefits of psychoactive medicines for children and adolescents, delivering appropriate psychopharmacological information to patients and their carers, negotiating with patients and their carers in accordance with the principles of shared decision-making and regularly reviewing the psychopharmacological treatment plan.
8. Provides up-to-date psychosocial, pedagogical and psychotherapeutic interventions developed in tight cooperation with patients and carers and delivered with colleagues from other professions.
9. Provides excellent and efficient clinical care in outpatient and in intensive intervention services such as inpatient child and adolescent services (and work with large multi-disciplinary teams in these settings).
10. Ensures a smooth and effective care pathway of evidence-based assessment and treatment for her/his/their child and adolescent patients, prioritizing, timing and integrating activities

with other specialties / services / agencies when necessary, to optimize their mental health benefit and mitigate functional impairment.

11. Offers consultation to primary health care from a child and adolescent mental health perspective.
12. Promotes smooth and efficient transition to appropriate services in adulthood if necessary.

#### **in her/his/their contribution to the improvement and organization of care and teaching of child and adolescent psychiatry**

13. Ensures child and adolescent safeguarding and has a comprehensive up-to-date knowledge of the legal framework they and their organization are operating in.
14. Promotes evidence-based methods and contributes to quality improvement and research projects in clinical and organizational contexts.
15. Promotes child and adolescent mental health in different settings and engages in prevention of mental health difficulties and early identification / intervention efforts together with other agencies.
16. Teaches, supervises and mentors both intra- and inter-professionally.
17. Accepts leadership and other roles at different levels in clinical, academic and professional organizations.
18. Reflects on and engages in dialogues on ethical issues regarding her/his/their field of practice making appropriate changes as a result of that process.

#### **in her/his/their pursuit of sustained personal development**

19. Commits to and engages in lifelong learning.
20. Analyses and critically appraises the research literature in child mental health.
21. Keeps up to date with developments in technology and communication systems and critically reflects on the implications for his/her/their daily practice.
22. Embraces blending the learning from evidence, clinical experience and expertise of other professionals, patients and their carers.

### **3. THEORETICAL KNOWLEDGE**

The specialist in child and adolescent psychiatry has comprehensive knowledge of

1. **Epidemiology** and the individual, familial, societal and economic burden of child and adolescent mental disorders
2. **Typical development** in domains like language, motor skills, social competencies including play, emotions, cognition, moral judgement, growth and changes in body functions including sexual development as well as managing (social) media and other technologies
3. **Child and adolescent developmental psychopathology** including coping / resilience capacities and the influence of adverse childhood events on mental and somatic health
4. Principles from **(epi-)genetics** encompassing gene-environment interactions, extrinsic effects on neurobiological development and their application to the field of child and adolescent psychiatry

5. Principles of **brain imaging and electrophysiological techniques** (and other relevant technologies as they develop) and their application to the field of child and adolescent psychiatry
6. Principles of **mental wellbeing** and their applications
7. **Systems approaches** to assessment and treatment
8. Principles of **assessment**, using a biopsychosocial approach and recognized diagnostic systems
9. **Specific disorders** in child and adolescent psychiatry (see chapter 4.B.)
10. **Somatic disorders** relevant for assessment and treatment in child and adolescent psychiatry
11. Principles of **psychosocial and psycho-educative/pedagogical treatment** of common child and adolescent psychiatric conditions
12. Principles of **psychotherapeutic treatment** of common child and adolescent psychiatric conditions based on cognitive-behavioral, systemic-narrative and psychodynamic theoretical models
13. Principles of **psychopharmacological treatment** (pharmacokinetics and pharmacodynamics, pharmacogenetics, interactions ...) of common child and adolescent psychiatric conditions
14. **Ethical-legal framework** in their own context including aspects such as compulsory treatment, physician-patient relations (e.g. informed consent), youth criminal law / forensic care and general safety in families
15. **Research methodology** including basic statistics, critical appraisal, qualitative methods and **innovation and implementation** science

#### 4.A. CLINICAL SKILLS

The specialist in child and adolescent psychiatry shows

1. High level **communication skills** in an age-, development- and context-sensitive fashion
2. **Skills in providing consultations via telepsychiatry tools** being sensitive as to when to use them and when to use face to face consultations
3. High level **interviewing skills** both diagnostically and therapeutically working with children, young people, families and their networks
4. High level **skills in communication and risk assessment** in situations with **agitated, aggressive and suicidal behavior**
5. High level **written communication** skills being sensitive to the purpose / context of the document
6. **Liaison skills** – across the multi-disciplinary team and working between agencies
7. Skills to work in both **outpatient and in an intensive intervention service** such as an inpatient child and adolescent service
8. **Transcultural skills** – understanding and skilfully taking into account issues of trauma experience, intergenerational influences, culture and diversity as they affect individual children, adolescents and families in the particular society in which they live
9. The skill to perform **full physical and neurological examinations**, order and interpret appropriate tests and to cooperate with colleagues from other disciplines

10. The skill set to train and apply **psychotherapy for individuals, group or families according to behavioral/cognitive, psychoanalytic/dynamic, systemic/narrative methods or other appropriate psychological therapies** on a basic level, liaise and include sophisticated psychotherapy offered by others in a comprehensive treatment plan and resolve difficulties arising in the further course of treatment
11. Skills in **psycho-education** for patients, carers and their network and in guidance and education for other doctors and co-workers as well as students

#### 4.B. CLINICAL CONDITIONS AND SETTINGS

All trainees need to acquire experience as **competent independent doctors by the time they are recognized as a qualified child and adolescent psychiatrist** in the areas in the top part of the table below. They are expected to have a reasonable knowledge and basic experience in other areas - the choices here will be dictated by their likely future working context and interests.

Trainees are unlikely to be able to gain excellent competencies in all areas of child and adolescent psychiatry practice during the minimum of three years of training in the specialty. Trainees, once they have gained in-depth knowledge and skills in some areas, will be able to self-assess their level of knowledge and skills, know how to increase it by seeking help and additional training in other areas.

The categorization between the two levels of competence is based on two factors:

- a) The frequency with which the child and adolescent psychiatrist will be required to manage particular disorders in their practice / while on call and their seriousness
- b) The need to be able to make urgent decisions which restricts opportunity for reflection and consultation with others

National bodies can upgrade their curriculum demands according to their own context.

Level	Clinical disorders according to ICD11 – corresponding diagnostic categories in DSM5 apply	Clinical settings
High level – providing competent independent practice	<ol style="list-style-type: none"> <li>1. Neurodevelopmental disorders</li> <li>2. Schizophrenia or other primary psychotic disorders</li> <li>3. Mood disorders</li> <li>4. Anxiety or fear-related disorders</li> <li>5. Obsessive-compulsive and related disorders</li> <li>6. Disorders specifically associated with stress</li> <li>7. Feeding or eating disorders</li> <li>8. Elimination disorders</li> </ol>	Out-patient services In-patient services Pediatric liaison Acute and emergency services

	<ul style="list-style-type: none"> <li>9. Disorders due to substance use or addictive behaviors</li> <li>10. Intermittent explosive disorder</li> <li>11. Disruptive behavior or dissocial disorders</li> <li>12. Personality disorders and related traits</li> <li>13. Tic disorders</li> </ul>	
<p>Minimum basic level</p> <ul style="list-style-type: none"> <li>- Able to conduct primary assessment and to decide to manage on basic level or refer to expert setting</li> <li>- Requiring supplementary learning to achieve competent independent practice</li> </ul>	<ul style="list-style-type: none"> <li>1. Catatonia</li> <li>2. Dissociative disorders</li> <li>3. Disorders of bodily distress or bodily experience</li> <li>4. Other impulse control disorders</li> <li>5. Paraphilic disorders</li> <li>6. Factitious disorders</li> <li>7. Neurocognitive disorders</li> <li>8. Mental or behavioral disorders associated with pregnancy, childbirth or the puerperium</li> <li>9. Sleep-wake disorders</li> <li>10. Gender incongruence</li> </ul>	<p>Mental health of infants and under 5's</p> <p>Acute outreach services</p> <p>Adolescent forensic psychiatry</p>

## 5. PROFESSIONALISM IN CHILD AND ADOLESCENT PSYCHIATRY

The specialist in child and adolescent psychiatry

### 5.1. Good clinical care

1. Shows expertise in child development and developmental psychopathology
2. Shows ability to use multiple perspectives (bio-psycho-social-cultural) and strong analytic thinking to create a holistic picture of each patient and their family in the context of the child's or young person's developmental and social background and uses these skills to aid diagnostic and treatment formulations and plans
3. Acknowledges the impact of her/his/their patients' presence and experiences in social media and as virtual personae on their real-life perceptions of self and others
4. Demonstrates readiness and openness to seek advice and supervision when needed
5. Knows the limits of her/his/their competence
6. Understands the impact of economic hardship on child development
7. Ensures that she/he/they and her/his/their colleagues work within the current legislation and ethical guidelines in the best interests of the child or young person

## **5.2. Relationships with patients**

1. Shows high level communication skills with different age groups, parents, institutions and systems
2. Shows ability to work positively with children and families in complex situations that may entail problematic relationships that can be emotionally charged, often with conflict
3. Co-creates treatment plans guided by shared decision making, discusses with patients and carers weighing with them the potential benefit and risks of treatments available in order to reach informed consent and engages patients and carers continuously in evaluation and revision of treatment plans
4. Manages the complex issues of confidentiality posed in work with this age group
5. Shows cultural sensitivity in their practice whilst maintaining child safety
6. Incorporates self-reflection and self-awareness in her/his/their dealings with patients and guards against prejudice from themselves or others
7. Engages in fruitful cooperation with patient and carer groups and other public partnerships
8. Strives to ensure the provision of treatment to all children in need, irrespective of their social, cultural, racial, gender and economic background
9. Treats patients and represents child and adolescent psychiatry in public in a non-stigmatizing way

## **5.3. Maintaining good medical practice**

1. Develops skills to assess own learning needs, plans and implements learning initiatives and evaluates learning outcomes as a lifelong learner
2. Acknowledges the limitations of knowledge and expertise (her/his/their own and in the field of child and adolescent psychiatry) consulting colleagues and other professionals if needed
3. Adapts to new evidence and seeks challenge to her/his/their views and practice in ways to provide oneself with new information and growing skills
4. Sets written standards and evaluates them in clinical practice, seeking bench marks
5. Supports research and audit to promote knowledge and best practice

## **5.4. Teaching and training, appraising and assessing**

1. Develops teaching skills for adult learning in small and large groups
2. Supervises junior colleagues effectively
3. Appraises others honestly and objectively when asked
4. Takes part in structured assessment of junior colleagues' learning
5. Writes honest objective references for trainees and colleagues

## **5.5. Working with colleagues**

1. Understands and uses reflective practice and self-awareness and has understanding of team dynamics
2. Develops communication and leadership skills to work with multidisciplinary teams with the ability and skill to share knowledge in a respectful way and incorporates others' contributions in a joint assessment of a clinical situation or the development of a coordinated procedure

3. Interacts with medical specialists in different fields (especially pediatrics, neurology, psychiatry) with professionalism
4. Develops skills to contain anxiety amongst colleagues within the organization and in partner organizations, carefully considering its origins and maintaining an open mind with a willingness to reappraise a given anxiety-provoking situation
5. Manage his/her/their own time effectively and has an understanding of the use and limitations of resources, so putting them to best effect

## **5.6. Probity and health**

1. Knows and understands national and international ethical codes
2. Understands the national legal frameworks concerning her/his/their work
3. Has knowledge and skills in promotion of mental health and prevention of mental disorders by engaging in collaboration with other agencies and user and carer groups
4. Shows leadership competencies by understanding and adopting different roles in the organization in a flexible and creative way, leading clinical teams, mentoring junior colleagues / coworkers and students, contributing to the organization's goals and participating in evaluation and planning quality improvement initiatives
5. Is aware of the potentials and pitfalls of the use of new technology in her/his/their clinical practice and other aspects of her/his/their lives
6. Prioritizes the welfare of the individual patient over conflicting interests unless there is an over-riding specific threat directly affecting the safety of other members of the public that requires the doctor to break patient confidentiality
7. Abstains from personal gain in any context dealing with patients taking particular note of the vulnerability of young people in her/his/their care
8. Behaves openly, transparently and honestly and names conflicts of interest
9. Shows skills in self-care and values her/his/their own work-life balance
10. Acts publicly and in private to maintain the trust and confidence of the public