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National Conference for Children and Young People's Wellbeing Practitioners (CWP)



St Mary's Church
Wyndham Place
York Street
London
W1H 1PQ

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	Regional examples of CWP impact and practice
	<ul style="list-style-type: none">• Manchester• Midlands• Midlands• Reading• South London• South West
65	Thank you

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WELCOME



Welcome to the inaugural National Conference for Children and Young People's Wellbeing Practitioners (CWPs); we are so excited to be here with you.

You may or may not know that this event was originally scheduled to take place in 2020 but was postponed due to the pandemic. A lot has happened in the past few years but our desire to bring you all together for a celebratory event remained unchanged.



Today is about you. Whether you are a CWP, young person that has used the service, advisor, tutor, supervisor, commissioner, manager or anything in between, you have played a pivotal part in the development of the CWP role and its success.

We would like to thank you for everything that you have achieved so far and all that you will continue to do to develop and improve care for children, young people and families across the country into the future.


Throughout the day, we have a range of talks that will demonstrate the impact of the CWP role to date, share how different services across the country are working, show growth plans for the coming years and much more. You will also hear directly from some of the young people that you have helped over the past few years.

There will be plenty of time for networking but please do make connections and stay in touch after today; we would love to hear that you have shared ideas, learnt from one another and enjoyed meeting colleagues from across the country.

Please enjoy the day and let us know if there is anything that you need.

The Conference Team

GENERAL INFORMATION



Firstly, we'd like to thank everyone that made today possible. Without the support of NHS England and regional leads from services and universities across the country, we wouldn't have been able to come together and celebrate. We would also like to say a special thank you to Vicki Curry, Programme Director at the Anna Freud Centre, for hosting today and all of the amazing young people that have helped co-host, too.



We have allowed plenty of time for you to network during refreshment breaks and lunch. Please help yourself to tea and coffee from the stations located underneath the balconies in the main hall throughout the day. A buffet style lunch will be served downstairs in the Undercroft Room. A lift is available in the reception area. All dietary requirements shared on registration will be catered for; if you have additional requirements, please let one of the conference organisers know.



We will share copies of all speaker presentations and recordings of the talks after the event.



There will be live photography and videography at this event. Photos and videos will be used after the event to share highlights of the day and promote the CWP workforce on social media, the NHS and partner websites and through other channels. If you would like to be excluded from this, please let the videographer or one of the conference organisers know.



If you need a quiet space during the day, please feel free to use the room available downstairs in the Undercroft. If you have any other requests, please let one of the conference organisers know.

Here is an overview of the event timings. A full agenda with further information can be found on the following pages. Please do stay until the end of the event; we would love to have as many of you at the final keynote as possible.

Time	Session	Location
09:30-10:00	Arrival and refreshments	Main hall
10:00-11:10	Session one	Main hall
11:10-11:40	Refreshments	Main hall
11:40-12:40	Session two	Main hall
12:40-13:40	Lunch and networking	Undercroft
13:40-14:40	Session three	Main hall
14:40-15:00	Refreshments	Main hall
15:00-16:00	Session four	Main hall

If you have any questions, please do find one of the conference organisers.



Professor Jonathan Parker

Conference organiser, Director of Cedar Create and Co-Director of CYP Training Portfolio, Cedar - University of Exeter



Laura Hitt

Conference organiser and Innovation and Partnerships Manager, Cedar Create - University of Exeter

AGENDA

Time	Talk
09:30-10:00	Arrival and refreshments
10:00-10:10	<p>Welcome and opening remarks</p> <ul style="list-style-type: none"> • <i>Elaine Bowden, Strategic Programme Lead - National Mental Health Team at NHS England (Workforce Training and Education)</i> <p>Elaine will provide an overview of the day and introduce our incredible hosts.</p>
10:10-10:30	<p>Children’s Wellbeing Practitioners and the Transformation of Children and Young People’s Mental Health Care</p> <ul style="list-style-type: none"> • <i>Sheena Gohal - National Service Advisor, Children and Young People’s Mental Health Policy Team at NHS England</i> • <i>Professor Catherine Gallop - Director of Cedar and Clinical Training at the University of Exeter and Co-Chair of the Psychological Professions Network South West (PPN-SW)</i> • <i>Alex Goforth - Programme Manager Children and Young People’s Mental Health Policy Team at NHS England</i> <p>Speakers will provide an overview of the children and young people’s (CYP) mental health policy context, including the increasing demand for mental health services and the workforce challenges and opportunities currently. The Children’s Wellbeing Practitioner (CWP) role, and its journey from inception to date, will be a focal point. Delegates will gain insights into the impact, opportunities and future planning of the CWP roles and their important contributions to the CYP mental health workforce and transformation of CYP mental health care.</p>
10:30-10:50	<p>The Anxiety and Depression in Young People (AnDY) Research Clinic: The role of Children’s Wellbeing Practitioners</p> <ul style="list-style-type: none"> • <i>Dr Ray Percy - Clinic Director, AnDY Research Clinic, University of Reading</i> • <i>Calum McDonald - Children’s Wellbeing Practitioner, AnDY Research Clinic, University of Reading</i> • <i>Claire Geary - Children’s Wellbeing Practitioner, AnDY Research Clinic, University of Reading</i>

	<p>Speakers will provide an overview of the work of the AnDY Research Clinic over the past six years with an emphasis on the key role of CWPs. This will include setting out the rationale for creating a research-led service commissioned by the NHS; explaining how the aims of the service fit with the intended role of CWPs; and sharing examples of the different ways CWPs and Trainee CWPs have contributed to both the development of the service and the evidence base through high quality clinical research. We will also speak about exciting new service developments and future directions for research.</p>
10:50-11:10	<p>The Children's Wellbeing Practitioner role in Young Somerset - how we use data to improve service delivery - the journey so far</p> <ul style="list-style-type: none"> • <i>Ruth Gavenlock, Service Manager Mental Health and Wellbeing, Young Somerset</i> <p>In Young Somerset, our Children's Wellbeing Practitioner Service is constantly working to be more effective and efficient. In this presentation, we will talk about how we use data to drive and improve the day to day running of the service and in planning for the future. This is the story of where we started, where we are now and where we would like to be.</p>
11:10-11:40	<p>Break and networking</p>
11:40-12:00	<p>Evaluation and Collaboration: Celebrating the Impact of the Children's Wellbeing Practitioners</p> <ul style="list-style-type: none"> • <i>Professor Jonathan Parker - Director of Cedar Create and Co-Director of CYP Training Portfolio, Cedar - University of Exeter</i> • <i>Dr Helen Barker - Consultant Clinical Psychologist, Kings College London</i> <p>Showcasing outcome data from across England, this presentation celebrates the real-world realisation of the CWP role, highlighting the growing impact of the CWP role since inception and presenting compelling data demonstrating the effectiveness of CWPs in improving the wellbeing of children and young people. Through their remit of providing evidence-based interventions, CWPs have played a pivotal role in improving the lives of thousands of young people and families.</p>

12:00-12:20	<p>Part one: Service Development in Islington CAMHS – Bridging the gap between CWPs and the Islington Community</p> <ul style="list-style-type: none"> • <i>Francesca Fiore - Children Wellbeing Practitioner, Islington Child and Adolescent Mental Health Service (CAMHS)</i> <p>Francesca will talk through Islington’s community development journey; collaboration and approach with partner agencies and how Islington are connecting and reaching other services in the community; and how CWP work has been adapted to meet the current demands and needs of families within the community.</p> <p>Part two: CHUMs workshops</p> <ul style="list-style-type: none"> • <i>Georgia Williams - Senior Children’s Wellbeing Practitioner, CHUMs</i> • <i>Megan Buxton - Family Wellbeing Lead, CHUMs</i> <p>Speakers will talk about CHUMs workshops – one-off workshops for parent/carer and YP on a range of topics. Workshops are delivered on a rolling programme throughout the year and delivered with local organisations and groups in their setting. This has included local hospitals, cadets’ groups. They have an upcoming opportunity to work with a local football club and youth group.</p>
12:20-12:40	<p>How Children’s Wellbeing Practitioners can increase access to evidence based early interventions in communities</p> <ul style="list-style-type: none"> • <i>Dr Markku Wood, Clinical Director/Consultant Clinical Psychologist, BABCP Accredited, HEA Fellow, Children and Young People’s Mental Health, Northumbria University</i> • <i>Carl Sketchley, CAMHS Clinical Lead, South Tyneside and Sunderland NHS Foundation Trust</i> • <i>Jane Pickthall, Virtual School Head for Education, Mental Health and Emotional Wellbeing, North Tyneside Council</i> <p>Supporting children and young people in Primary Care settings (Getting Advice/Help) is the natural next step for transforming emotional wellbeing and mental health services. In the North East, Yorkshire and Humber, there are many examples of how CWPs are supporting early help services and GP’s to provide vital early support. Today we would like to present two examples of how local initiatives can achieve a big impact on improving the lives of children and young people.</p>

12:40-13:40	Lunch and networking
13:40-14:00	<p>Finding me</p> <ul style="list-style-type: none"> • <i>Sarah Priestley - CBT Manager, Lincolnshire Partnership Foundation Trust</i> • <i>Lucy Ainscough - CBT Manager, Lincolnshire Partnership Foundation Trust</i> • <i>Nicki Toyne - Wellbeing Practitioner, Lincolnshire Partnership Foundation Trust</i> <p>This presentation will talk you through the journey of a young person who has accessed Low Intensity CBT with a Wellbeing Practitioner. This will be followed by the experiences of the clinicians who are delivering Low Intensity CBT within Lincolnshire and the career paths that previous Wellbeing Practitioners have taken.</p>
14:00-14:20	<p>A Trainee's Story</p> <ul style="list-style-type: none"> • <i>Katie Jamieson - Sefton CAMHS, Alder Hey Children's NHS Foundation Trust</i> • <i>Keysha Binns - YPAS (Young Person's Advisory Service), Liverpool</i> • <i>Sarah Riding - Bolton CAMHS, Greater Manchester Mental Health NHS Foundation Trust</i> • <i>Chloe Reaney - Sefton CAMHS, Alder Hey Children's NHS Foundation Trust</i> • <i>Marilla Tolfree - YPAS (Young Person's Advisory Service), Liverpool</i> <p>A group of North West CYWPs (CWPs), trained across several cohorts and placed in a range of services, will gather to share their experiences in "A Trainee's Story". Their voices will represent a mix of pre-training backgrounds, from psychology to education, youth work, and residential care, as well as demonstrating training year experiences placed within both Specialist CAMHS and third-sector partner settings. This talk will give a more personal insight into the CYWP (CWP) training year, highlighting some common themes shared in relation to challenges, the benefits of completing the year, and overall, the successes of our CYWPs (CWPs).</p>
14:20-14:40	<p>The challenge of recruiting men to the CWP role; the potential link to lower numbers of boys to girls accessing the services and ideas for addressing this going forwards</p> <ul style="list-style-type: none"> • <i>Nik Mansfield, Course Lead for the CWP training, University of Sussex</i> • <i>David Phillips, Trainee CWP, University of Sussex</i>

	<p>Continued efforts are being made nationally to widen access to training for the CWP role, in terms of reducing the level of prior training qualifications needed and promoting equality and diversity in this trainee workforce. There is still work to do, and one area needing attention is the current lack of men training to be a CWP. It is hypothesised that the female dominated CWP workforce (as with many other mental health professions) is a contributing factor to the lower number of boys to girls that access emotional health support from our services. In the Sussex, Surrey, Kent and Isle of Wight regions, we do not claim to have the answers, but we are interested in promoting thinking about how this ratio of men to women training to be a CWP can be increased going forwards.</p>
14:40-15:00	<p>Break and networking</p>
15:00-15:20	<p>Diversity and Inclusion; Teaching to practice</p> <ul style="list-style-type: none"> • <i>Caroline Bengo, Senior Clinical Tutor, King's College London</i> • <i>Steve Hackney-Russell, Senior Teaching Fellow, King's College London</i> • <i>Samira Shariff, Children and Young Person's Wellbeing Practitioner, Lewisham CAMHS</i> • <i>Lily Jordans, Children and Young Person's Wellbeing Practitioner, Hertfordshire NHS Trust</i> <p>There are evidential inequalities in mental health care. Global and national events have highlighted widespread institutional racism. As practitioners, we must listen to our clients' experiences of this, act to reduce discrimination and provide fair and accessible, needs-based services. Since 2020, CYP-MH programmes at KCL have sought to improve teaching on equality, diversity, and inclusion, making it an integral part of the training. This presentation aims to share our progress in teaching, skills development and reflective practice. Examples of how CWPs have applied this to service development and clinical practice will be shared, with feedback, learning and future developments.</p>
15:20-15:55	<p>Final Remarks</p> <ul style="list-style-type: none"> • <i>Peter Fonagy - Senior National Clinical Advisor of the NHS England Children and Young People's Mental Health programme</i> <p>Peter will look ahead to the future of the CWP role and share highlights and feedback from children and young people that have used the CWP service, reflections on the day and close the event.</p>
15:55-16:00	<p>Farewell and safe travels</p> <ul style="list-style-type: none"> • <i>Young People hosts</i>

KEYNOTE SPEAKERS



Peter Fonagy

Senior National Clinical Advisor of the NHS England Children and Young People’s Mental Health programme

Peter Fonagy OBE FMedSci FBA FAcSS is Director of the Division of Psychology and Language Sciences at UCL and Chief Executive of Anna Freud. He is National Clinical Advisor in NHS England on Children and Young People’s Mental Health. He has occupied a number of national leadership positions including Chair of two NICE Guideline Development Groups, Clinical Lead of the CYP IAPT initiative, Chair of the Strategy Group for National Occupational Standards for Psychological Therapies and the Department of Health’s Expert Reference Group on Vulnerable Children. His research interests include attachment relationships, social cognition, conduct problems, violence, complex emotional and relational problems, treatment evaluation and improving the organisation of mental health services.



Elaine Bowden

Strategic Programme Lead – National Mental Health Team, NHS England

Elaine is a Registered Learning Disability Nurse with 37 years experience of working in workforce development, education and healthcare environments. She is passionate about working in partnership with Higher Education Institutes, Health, Social, Private, Voluntary and Independent sector colleagues to deliver high quality education that produces an effective workforce, providing high quality patient care. Elaine is currently a Programme Lead in the NHSE Workforce, Training and Education (WTE) National Mental Health Team. The main focus of her role is to drive forward the national Mental Health agenda, taking responsibility for shaping and implementing the short, medium and long term objectives for mental health, in partnership with National and Geography Directors, ICB’s, ALB’s and the private and voluntary sector.



Sheena Gohal

National Service Advisor at NHS England

Sheena Gohal is a mental health nurse who is currently a National Service Advisor within NHS England and a Leadership Tutor at the Anna Freud Centre. Having previously held senior clinical and operational leadership roles in children's mental health settings, Sheena has significant experience of transformational change across the NHS. She has experience of working with a broad range of stakeholders across various agencies including health and social care and has recently taken a role as Visiting Lecturer at the University of Birmingham.



Professor Catherine Gallop

Director of Cedar and Clinical Training, University of Exeter and Co-Chair of the Psychological Professions Network South West

Catherine is a Clinical Psychologist and accredited CBT therapist. She is an Associate Professor at the University of Exeter and has worked in Clinical Practice Education since 2007. She is the Director of Post Graduate Taught Programmes for Cedar at the University overseeing the delivery of a range of nationally funded grad / post graduate psychological professional training programmes including Adult IAPT, Children and Young Peoples' programmes as well as other self-funded psychological professional training programmes. She works regionally and nationally in relation to workforce strategy, training and implementation and supporting service effectiveness. Her clinical specialism is within CYP mental health and she works privately with CYP and supervises NHS practitioners.



Alex Goforth

Programme Manager Children and Young People's Mental Health Policy Team at NHS England

After studying undergraduate Psychology, Alex has spent his career working in and around children and young people's mental health services, starting out as a medical secretary in a community CYP Mental Health Team in Haringey in 2005, and including a Children's Day Unit, Inpatient Unit, and the London and South East CYP IAPT Learning Collaborative. He has also worked in a range of NHS and VCSE adult mental health services, including SANEline and MIND. He collected an MA and PGDip in Psychoanalytic Studies and Observational Studies from the Tavistock during a brief dalliance with a career in child and adolescent psychotherapy before becoming embroiled in policy-making at NHS England where he is the programme manager leading on workforce in the CYPMH policy and implementation team. Alex is interested in retention and turnover dynamics, career progression, and equality and inequality, in the interests of improving outcomes for all.



Vicki Curry

Programme Director at the Anna Freud Centre and University College London

Vicki is a clinical psychologist and accredited CBT therapist who has worked for over 25 years as both a clinician and manager in NHS CYP-MH services in health, social care and education settings. She also works for Anna Freud/UCL where she has developed and taught on child CBT and CYP-IAPT-related Postgraduate and other trainings for professionals across the UK and Europe since 2008. She was programme director for CWP for several years and has been very involved in supporting the implementation of this and other NHS-E funded workforce development programmes at a both a local and national level.

LET'S CELEBRATE OUR WORK



Today is a celebration of the incredible work that you have all been a part of. So the next section of this booklet is dedicated to feedback, case studies and evidence that a range of services have shared with us.

This provides a glimpse of the positive impact that you are making and there is so much more happening behind the scenes, too.

Please note, we have approval to share all case studies and photos.

View the full digital delegate pack by scanning this QR code:



Greater Manchester Mental Health NHS Foundation Trust

A brief overview of the development of teaching roles for low-intensity psychological practitioners since 2019 at the Greater Manchester Psychological Therapies Training Centre (GMPTTC).

In December 2019 GMPTTC, the provider of Children & Young People's Wellbeing Practitioner (CYWP) training for the North West region, commenced 2 qualified CYWPs in post as Associate Lecturer/Tutor. This was to support delivery of the PGCert CYWP programme.

In the 3.5 years since, there have been a further 5 qualified low-intensity psychological practitioners work across the teams delivering CYWP and EMHP training at GMPTTC.

These educator roles may offer an additional path for practitioners to develop a long-term career within the low-intensity field, as alternatives to, or alongside, qualifying as a LI supervisor or in the new role of Senior Wellbeing Practitioner.

There has been opportunity to apply for these posts for direct employment by GMMH, or secondment from a substantive post. This encourages and supports the ongoing clinical practice of the teaching team, a component that is highly valued by GMPTTC and its students.

The opportunity to be involved in teaching others how to be a CYWP has further ignited my passion for this role. Getting the chance to support students through the training year and see them develop into enthusiastic and competent low-intensity practitioners is really rewarding. - CYWP Tutor

It's great having tutors who can 'speak our language' as CYWPs, because they have done this course and are in this role too - Current CYWP Trainee

Young Person's Advisory Service (YPAS)

CYWP has helped me with sorting my worries and worrying less

CYWP has been very helpful and has helped me discover ways to deal with my anger and anxiety

Very good sessions and workers. highly recommend to everyone I worked with CYWP, she is very nice and very un-judgemental and I'm glad someone like her has come into my life to help me

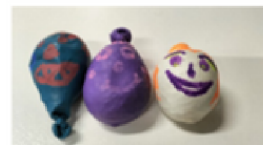
YP has enjoyed his sessions and CYWP really helped him and his anxiety and worries have really improved



Printmaking carried out in BA session



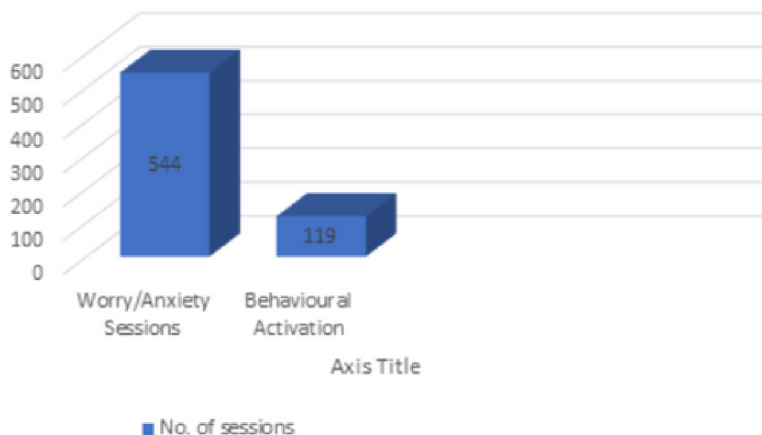
Visual Anxiety Body map created by young person in session with CYWP



Stress balls made in session with CYP to support with anxiety

YPAS have had seven cohorts of CYWPs since 2017. 49 CYWP's trained, seven in training this year! CYWP's provide an integral part to their wellbeing services, offering low-intensity support to children, young people and parents.

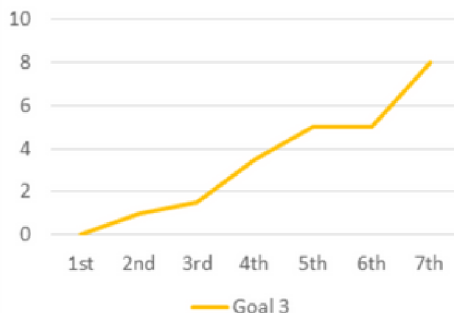
No. of Anxiety and Low Mood CYWP interventions from May '22 - May '23.



Example of BA Goal set:

I would like to do more things for myself, like cooking, by the end of the intervention.

Goal 3



CYP IAPT Midlands Collaborative

Case study one

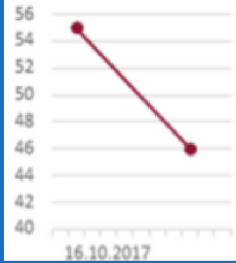
Sadie (pseudonymised) is a fourteen year old who was referred by their schools Student Support Assistant. She had sessions of counselling in the past and she stated having someone to talk to was useful, however she was still experiencing high levels of anxiety and was experiencing panic attacks on a daily basis. This was having a big impact on her life and she was beginning to avoid situations such as assemblies, lessons and had stopped attending her hobbies due to a fear of having panic attacks.

We began with an assessment and exploring the thoughts, emotions and behaviours and physical sensations she was experiencing, mainly through the use of the five areas model. Treatment consisted of six sessions of exposure therapy and psychoeducation on panic and anxiety adapted to her needs before finally introducing relaxation strategies and techniques.

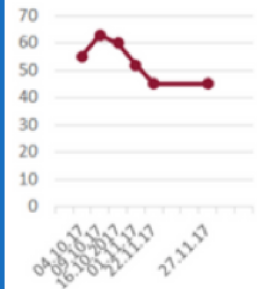
Completing the exposure hierarchy as a specific intervention for panic enabled her to go into the hall within a session, moving on to going into a lesson which she felt comfortable in, going into the hall with another person before finally achieving her goal of going in to an assembly! Being from a person centred background, I was aware it was necessary for me to show empathy to the young person when experiencing such debilitating and frightening symptoms. Giving her a safe space to acknowledge and understand her emotions alongside specific evidence based interventions enabled her to overcome her difficulties.

The role of a Wellbeing Practitioner was appropriate for this young person and hopefully prevented her from experiencing further difficulties, promoting early intervention.

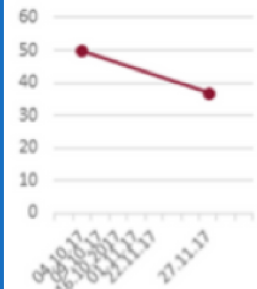
Generalised Anxiety



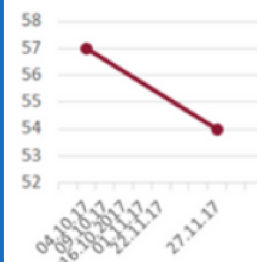
Panic Disorder



Major Depression



Separation Anxiety



Is there anything else you want to tell us about the service you received?

"That all the information you have given me has really helped these last couple of weeks. I feel more confident and I can go into assembly and stay in it"

What was really good about your care?

"She listened to me and what happened. I have been heard and she has helped me with my panic"



Case study two

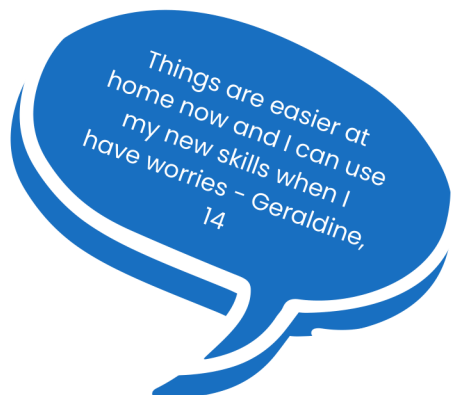
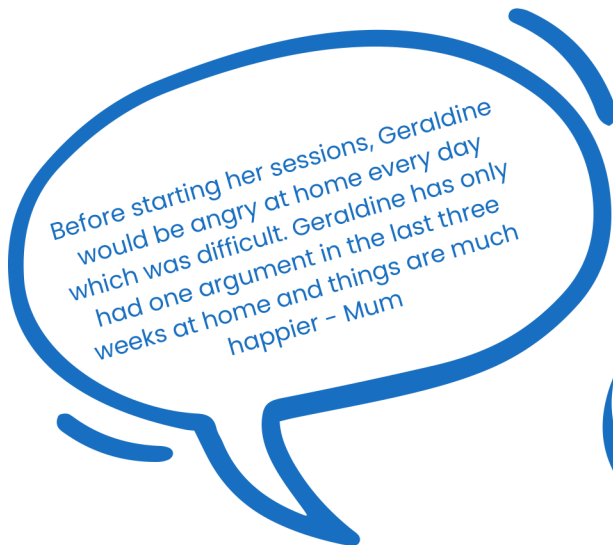
Geraldine (anonymised name) completed the worry management intervention and was able to use skills that she learned in our sessions in other environments such as at school and at home.

Geraldine said that things were easier at home now and she will continue to use the skills she has learned when she has worries.

Geraldine was initially referred to CAMHS for displaying anger problems at home. Geraldine was assessed by a well-being practitioner and it was identified that Geraldine has a lot of worries, and these especially surrounded what might happen in the future. The worry management intervention was conducted with Geraldine.

Geraldine's goal was to be able to behave better at home by thinking more before she speaks and using the skills we learn in sessions to manage her worries.

Geraldine engaged really well in sessions. She was able to learn new skills in our sessions and then practice them at home and at school.



Case study three

Background Information

Male, 12, Anxiety. Speaking/reading out loud in class reading own handwriting.
Diagnosed Asperger's syndrome.

Treatment plan

- 6 week low-intensity evidence-based intervention
- Focused on reducing anxiety and targeting habitual behaviours/avoidance.
- Anxiety-Based Psycho-Education and Graded Exposure

Intervention

- Session 1 – psycho-education (anxiety, avoidance, safety behaviours). SMART Goal – “in 6 weeks, I would like to reduce my anxiety from 6/10 to 0/10 when speaking out loud in class”.
- Session 2 – Introduction to graded exposure & exposure hierarchy.
- Session 3/4/5 – Discussing exposure tasks, barriers and engagement. Regular goal reviews to measure progress.
- Session 6 – Relapse prevention and treatment summary.

Outcomes

- GBO – Client achieved his overall goal for the intervention. 10/10! ORS & SRS scores were consistently high throughout.
- RCADS scores did not improve, but client felt that because of his ASD diagnosis, these difficulties may always be present.
- Client made excellent progress and was massively proud of his achievements.
- Client's teachers have noticed a significant improvement in his confidence in recent weeks.

Session	Date	Today I would rate progress to this goal: (please circle the appropriate number below)										
Remember a score of zero means no progress has been made towards a goal, a score of ten means a goal has been reached fully, and a score of five is exactly half way between the two												
1	02/10/17	0	1	2	3	4	5	6	7	8	9	10
2	09/10/17	0	1	2	3	4	5	6	7	8	9	10
3	16/10/17	0	1	2	3	4	5	6	7	8	9	10
4	30/10/17	0	1	2	3	4	5	6	7	8	9	10
5	06/11/17	0	1	2	3	4	5	6	7	8	9	10
6	13/11/17	0	1	2	3	4	5	6	7	8	9	10

It has helped me quit alot because I used to be scared of speaking out in class but now I'm perfectly okay with every thing

Leicester City Council

Client and referral

Tom (name changed for confidentiality) white British male aged 11 years. Tom attends fortnightly sessions at his request. To date we have completed x5 sessions. Mum present at sessions.

Contact was made by Tom's mum due to concerns regards Tom's anxiety following the transition from Primary School to Secondary school in September 2022.

Previous support

Tom had received some counselling support through Relate. Sessions ended when 1:1 changed to groupwork.

Assessment

Tom's anxiety started at the age of 7 years old. His worries have escalated since he has started secondary school. Tom's worries result in him being very emotional – crying and anger. Tom's self-confidence has deteriorated since starting secondary school. Tom overthinks things such as when he has tests in school. These trigger Tom to worry and panic. Tom has a lot of "what if" thinking. This has resulted in Tom becoming withdrawn and not wanting to go to school.

Risk – Tom will have some thoughts of not wanting to be here when he has done something wrong but has no plans or intention behind these thoughts. No other risk factors disclosed throughout treatment. RCADS – At assessment all areas above clinical threshold. At point of review there has been a reduction in all areas with Depression just on clinical threshold.

Treatment and outcome to date

To date treatment sessions have included Psycho Education, worry management and problem solving. Tom has introduced worry time which has been working very well for him.

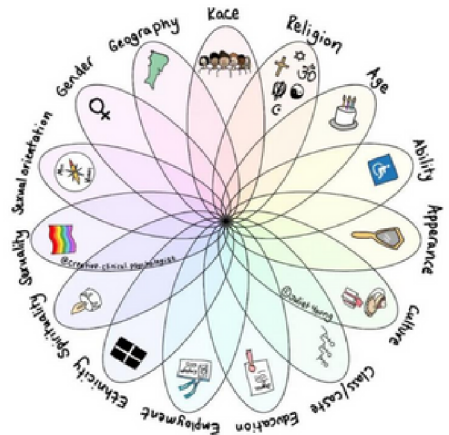
At point of review Tom could identify a practical worry and a hypothetical worry, and he is now able to solve the practical worries he has. Tom is building in confidence and engaging in new activities without overthinking the outcome and therefore he is enjoying a wider range of activities

Islington CWP Team

Social graces

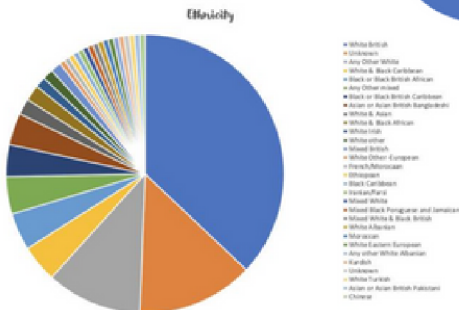
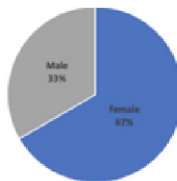
Our service aimed to review how the CWP team could utilise a Social Graces questionnaire (SGQ) with CYPF as a vehicle for increasing therapeutic alliance and encourage open conversations around equality, diversity and inclusion.

The SG Framework (Burnham, 2012) has the potential to act as a model of accountability for practitioners, ensuring openness and honesty is at the forefront of our work.



It is a widely reported finding that the quality of a therapeutic relationship is associated with clinical outcomes (Wampold, 2001; Orlinsky, Ronnestad & Willutzki, 2004) and that positive perceptions of early therapeutic alliance are strong indicators of clinical outcomes (DeRubeis, Brotman & Gibbons, 2005). CWP practitioners often use the SG Framework as a reflective tool (Totsuka, 2014; Mills-Powell & Worthington, 2007; Divac & Heaphy, 2005), yet there is little research on alternative ways the SG Framework (Burnham, 2012) could be implemented with CYPF.

CWP referrals Jan 2022-Dec 2022



Camden CAMHS

The wellbeing team

Patient Participation Project

The Wellbeing Team is a new addition to the wider Camden CAMHS Team and is in its second year of providing low intensity interventions to young people and families in the borough of Camden.

During our participation projects, we interviewed current and previous service users in order to gain feedback on the accessibility of our service.

Digital platform

The Wellbeing Team has been included on the digital platform 'Waiting Room'. By using this platform, service users can access information about our team and the types of support we offer whilst they are waiting to be seen.

Adapting language and cultural needs

We offer session resources in a number of languages and use an interpreting and translation service to support service users who don't speak English as a first language.

We also offer family sessions to help integrate the learning and psychoeducation from individual sessions at a systemic level and to help normalise mental health difficulties in communities where there may be stigma.



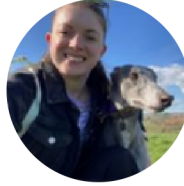
Pan-Dorset

In Gateway we have two senior, five qualified and three trainee Wellbeing Practitioners. As a county-wide service we travel far and wide to deliver our interventions wherever our young people and families need us most. Working across a county gives us the opportunity to support a diverse range of people and presentations and the ability to get face-to-face support across our communities.



I felt that Jess knew how to help me. She showed me different techniques depending on how I am feeling. Different things have helped me in different situations and can help a lot of people. It was easy to get my feelings across and I felt like Jess was listening and knew how to help and support me

Working with Matt, I felt heard and like someone cared and listened to me which has never happened before



Imogen is professional, no nonsense, listened and helped my daughter with recognising and offering ways to help herself

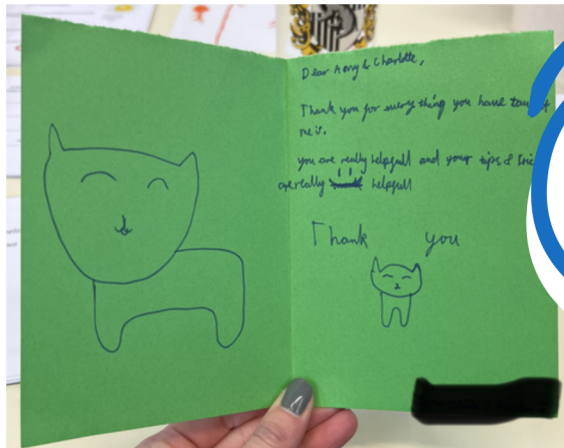
I found the sessions with Sophie really beneficial, it allowed me to see how my thinking and behaviours were affecting how I feel about myself



Gateway runs regular groups to provide a supportive and collaborative space for young people and families to work together, learning skills to improve their wellbeing. As a service we have a range of groups, with the Wellbeing Practitioners offering Worry Management for teenagers and Parent-Led groups for helping children with Anxiety.

You took a lot of time really listening, it didn't matter how much time we needed to take, you listened really well and allowed for that time

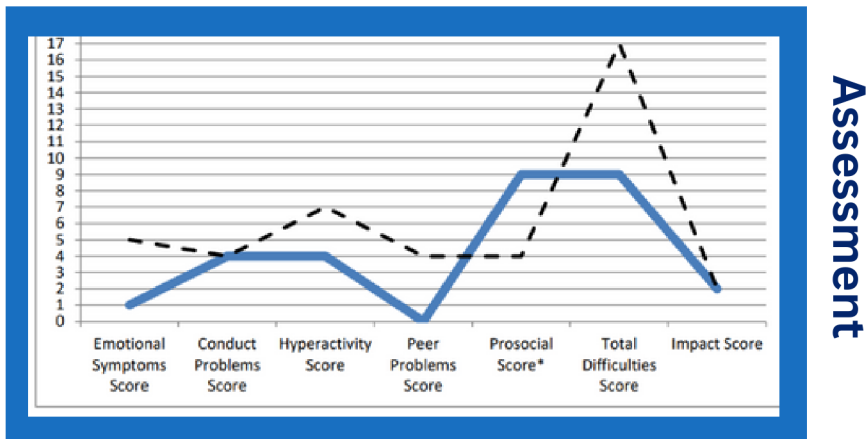
It was valuable to have personal experiences and other parents views



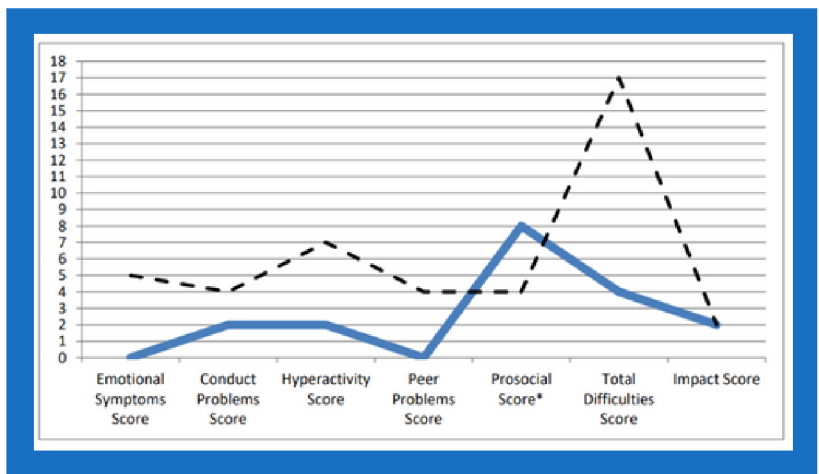
The worry group really benefitted me thought wise. It helped me with my sleep where I sleep more and worry less. The worry book helped and listening to other's experiences made me feel not alone

Case study one

The Young Person's (YP) behaviour was becoming increasingly difficult at home, and Mum felt things were at breaking point. The YP would get angry when not in charge, throw objects when upset, and be very snappy with his mum. After beginning IY, Mum noticed the YP looked forward to special time and when there were periods when special time stopped there would be noticeable changes in the YP's behaviour. Special time, giving clear commands and the ignore technique had the most benefits. On completion of IY, the YP had fewer tantrums, and those he did have were 'less dramatic' as his mum felt better able to respond to tantrums. Mum was able to ignore specific antagonistic behaviour and the morning routine was 'perfect'.

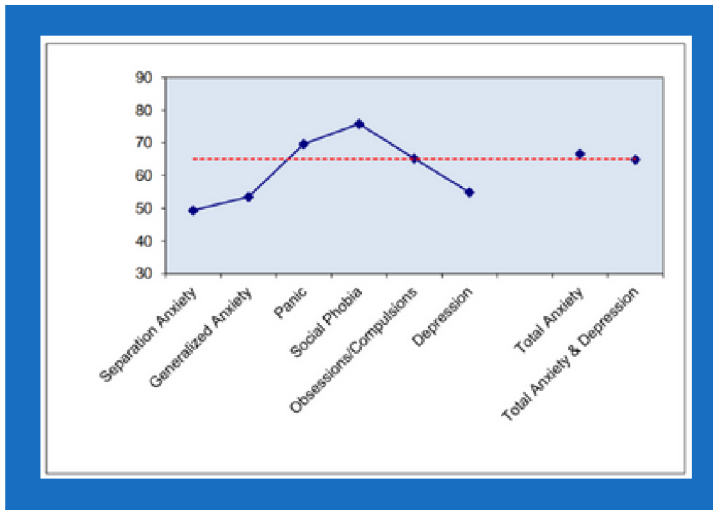


Review



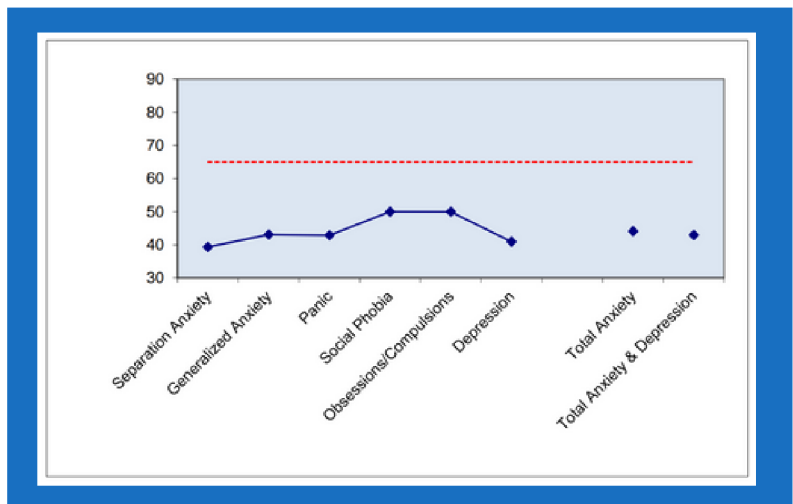
Case study two

The YP would need lots of reassurance and to know all the details about where they were going when they were going out as a family particularly how long the drive would be as she was afraid of her brother being sick. The YP experienced a period of bullying - the bullying stopped but resulted in a fear of going to school/crying in the mornings and needing lots of hugs from mum. Mum found the different ways of responding to anxiety and the step-by-step plan most helpful in supporting KS (and even helped Mums anxiety). The YP is no longer upset before school and can go in after 1 hug, and is able to get in the car without asking for reassurance about where they are going/distance/brother being sick.



Assessment

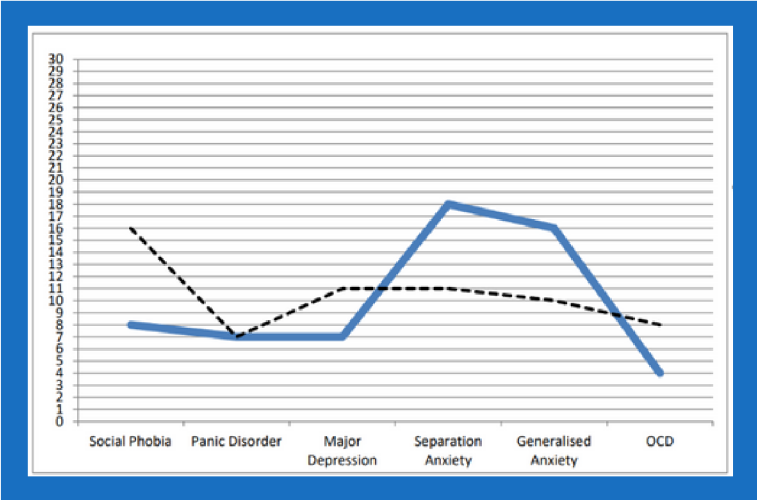
Review



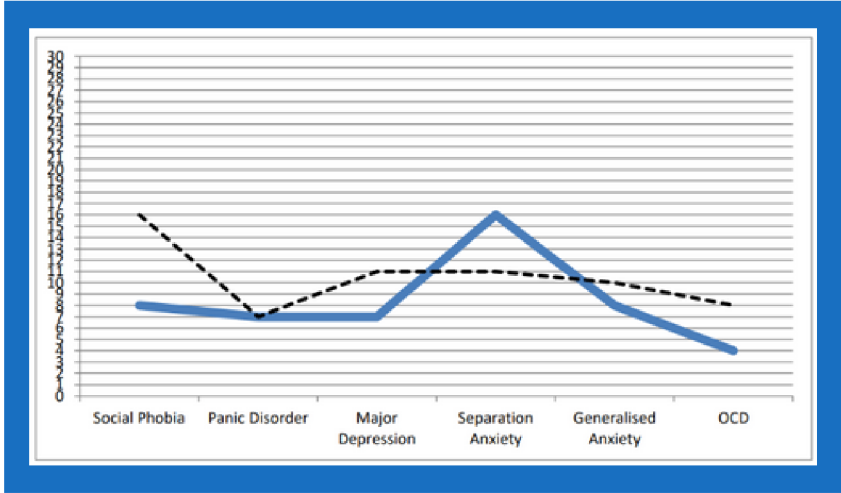
Case study three

The YP presented with separation anxiety and generalised anxiety. The YP needed Mum to come to all rooms of the house and slept in bed with Mum. Mum said that Reviewing the YP's anxious expectations with her and what she has learned after facing a fear alongside encouraging independence had the greatest impact on the YP and boosted her confidence a lot. On completion of HYC Mum was able to go out, the YP could sleep in her own room, visited a friend's house alone and feels that she is 'brave'.

Assessment



Review



Pan-Dorset Safeguarding Children Partnership



DORSET POLICE



Brent, Wandsworth and Westminster – Mind

Case study - primary school (anxiety)

Child anxiety intervention

Carla (pseudonymised) is a 6-year-old girl, from a primary school in North London. She was referred to our service at the end of school Year 1. Her teachers at school shared concerns about Carla struggling with transitions and changes at school and becoming very anxious when her favourite teacher is not at school, as well as being separated from parents at times. They were also concerned about Carla transitioning to Y2 in September, as she found transition from reception very difficult.

Parents were contacted for a screening triage and were offered an online assessment session. Both parents and Carla attended the assessment session and gave their perspective on current difficulties. They said that main difficulties were around Carla becoming anxious about going to Year 2 in September and having a new teacher at school. Carla often gets attached to certain teachers and is upset when her favourite teachers are not available at school. Sometimes worried before school performances and when trying things for the first time, e.g., in her swimming class. She becomes very upset when parents coming to school during the day and then having to separate from them. Anxious when she has to go upstairs on her own at home and having to attend medical procedures, such as vaccinations or swab tests. Carla gets very emotional when anxious/sad and finds it difficult to regulate her emotions, which is also very distressing for the parents who struggle to support her calm down.

Parents were offered an intervention of guided self-help for child anxiety, based on the principles of Cognitive Behavioural Therapy. Parents were offered 7 sessions in total – 3 sessions were completed online during the summer break, and remaining sessions in person at school, when Carla started Y2. Carla joined in 5 of these sessions, for 15–20 mins, to check in and review home tasks. During the assessment session, parents and Carla set 3 goals for the intervention. These were Carla to feel confident to go upstairs on her own and challenge negative thoughts and have more positive thoughts about going to Y2 and her new teacher, and parents to have tools to help support Carla when she is anxious. Additional goals were for Carla to feel confident to put head underwater during swimming and to get her Covid vaccination.

In our 7 sessions, we covered psychoeducation around anxiety and strategies to help Carla manage worries and overcome anxieties.

In the first sessions, we worked around the formulation and potential causes of Carla's anxiety and reflected on what could be maintaining Carla's anxiety using the hot-cross-bun. Example of hot-cross-bun in Template 1.

Some maintaining factors we identified were avoidance and lack of coping strategies, as well as other people's (parents, school staff) reactions and anxious expectations, and reassurance. We talked about the importance of normalizing anxiety and physical symptoms of anxiety to the child and explaining FFF response. Discussed how to effectively explore Carla's anxious thoughts and expectations and challenge any unhelpful thoughts using the "thinking like a judge" technique and behavioural experiments.

Carla completed behavioural experiment to help with her fear of putting her head underwater in swimming lesson, by putting her head underwater in bathtub which helped her feel more confident in the swimming pool. Parents learned how to use gradual exposure and creating step-by-step plans to help Carla overcome her fears and together we created plan to help Carla go upstairs on her own. We talked about how to help Carla build independence at home by giving her certain responsibilities, and how parents could cut on reassurance by responding in different ways, to help Carla feel more confident in her own skills and abilities.

We also worked on creating a list of relaxation techniques and activities to help Carla manage anxious feelings, and distract herself from unhelpful thoughts at school. Parents spoke to school about the techniques we covered in the sessions and some activities that Carla could use at school when she is upset (e.g., reading favourite book, spend time with her friends). We covered techniques and strategies such as worry tree, worry jar and planned worry time to limit overthinking and manage negative thoughts, as well as problem-solving strategy to help with practical problems. Parents had shared that sometimes Carla seem to be using her worries as a way to get attention from them; suggested using 1:1 special play time with her, so Carla gets positive attention and quality time with parents. After each session, parents were sent an email with handouts from the manual and additional resources on the topics covered during the session. They were assigned home tasks for each week.

In our final session, parents said that there has been improvement in all goals. Carla was confident to go upstairs on her own and had no worries related to school. She was able putting her head underwater in her swimming class and was positive about getting vaccination. Parents noticed Carla was more confident to face her fears and improved at expressing and regulating her feelings. They shared feeling more aware of factors that could be contributing to Carla's anxiety and prepared to support Carla around her worries in the future using strategies from the intervention.

Case study - low mood

Emily (pseudonym to protect confidentiality) is a 12-year-old attending a north London secondary school, she is in year 8.

Emily was referred to the service as she was experiencing negative thoughts, lack of motivation and reduced energy. She felt this was caused by problems within the family (unexpected parents' divorce, living separately from mother and brother, the passing of her uncle).

She was allocated to a Children's Wellbeing Practitioner, and she chose to complete the low mood intervention for adolescents. The low mood intervention is based on principles of cognitive behavioural therapy and the sessions are led by a manual that encourages self-help strategies.

Emily and the practitioner worked together for 9 weeks (including one assessment session); Emily identified that her main goal for the intervention was to have coping methods for dealing with her negative thoughts.

Within the sessions the practitioner introduced behavioural activation which involved identifying Emily's key values and interests and discussing ways of incorporating these into activities she could complete throughout her week.

The practitioner informed Emily of preventative and reactive methods for dealing with ruminating. Throughout the sessions Emily reported that the techniques she found most effective were rumination time, breathing techniques and muscle relaxation.

During the sessions Emily expressed that she sometimes experiences heightened anxiety and panic, because of this the practitioner dedicated time

to provide information about anxiety and what can help to manage it.



You have really helped me cope with my low mood and anxiety. I now have learned more about my mental health and coping strategies for when I feel low, and I can't thank you enough for that

Emily expressed that the most important thing she gained from the sessions was identifying the cycle of her low mood using a maintenance formulation as it allowed her to understand what was maintaining her mood.

Emily felt she had fully achieved her goal by the final session and expressed the following feedback to the practitioner.

Hounslow Community CAMHS

Our client work

In the past two years, our team had provided treatment or 176 clients on average per year. In 2022, effect size for both low mood and anxiety models were moderate.

Completed cases (N=60)	Pre RCADs (Mean, SD)	Post RCADs (Mean, SD)	Effect size
Low mood	60.77 (9.80)	52.77 (14.86)	0.68
Anxiety	64.02 (20.03)	48.62 (24.82)	0.67

Our community connections

We engaged in group work within clinic and with community agencies, such as

- parents waitlist workshops
- adolescent GSH anxiety and low mood groups
- youth emotional awareness groups

We care for the voices of service users and youth workers.

We strive to formulate collaborations with our partners involvement.

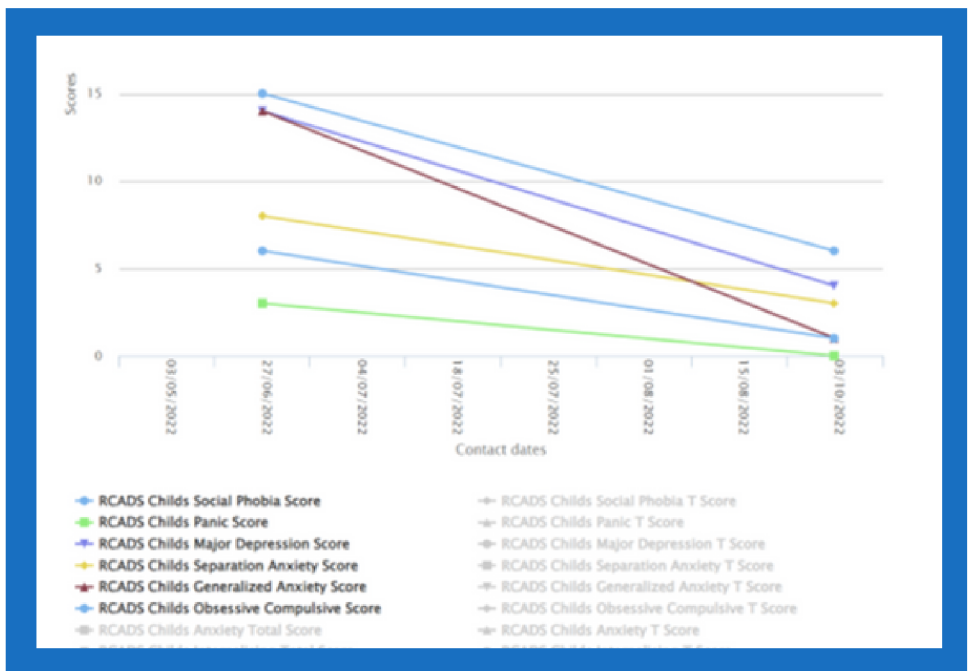


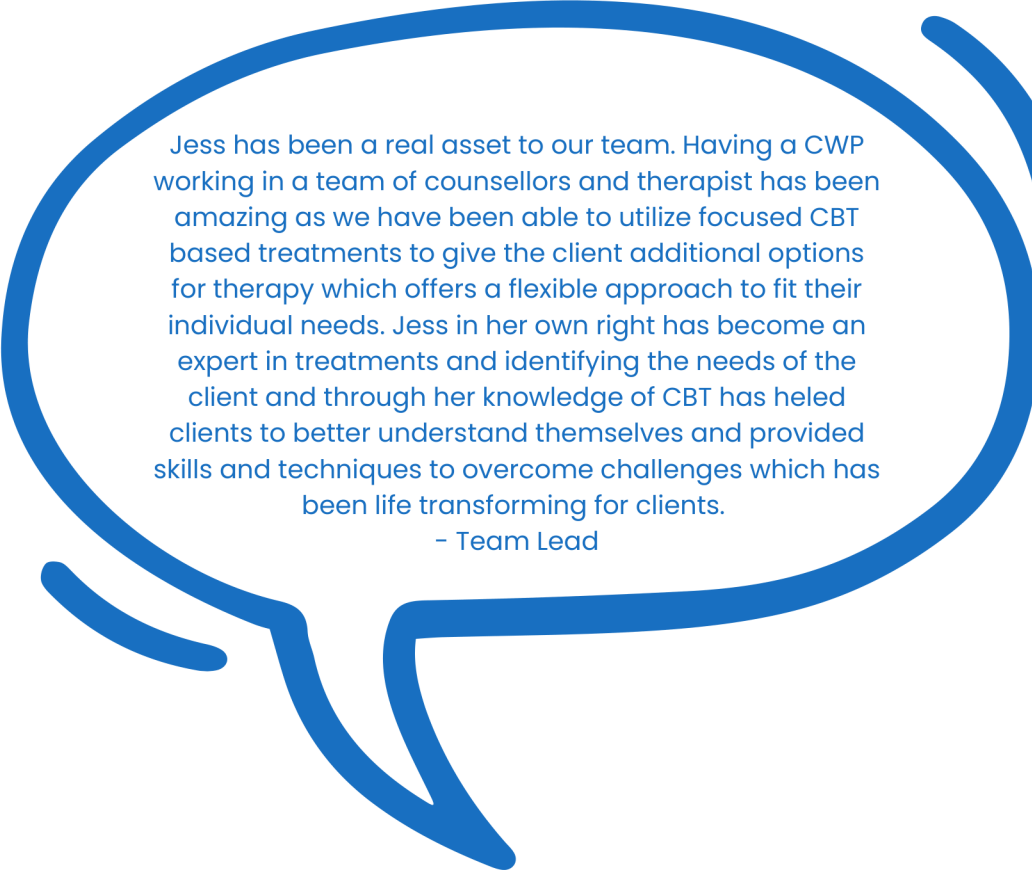
Isle of Wight Youth Trust

Referral was made by the parent based on the behaviours of a young person, aged eleven. The young person initially found it incredibly challenging to be able to understand their reactions to stimuli, therefore by looking at specific examples we were able to breakdown the experience into thoughts, feelings and behaviours. We were able to identify a maintenance factor, and therefore create graded exposure steps towards reducing the feared outcome, thus reducing anger outbursts, incorporating this into our remaining sessions. Through doing this in conjunction with understanding cognitive distortions experienced by the young person, we were able to implement thought challenging to diminish anxious thoughts.

Within the graph below, you will see the initial RCADS shows the beginning of the sessions, and the progress in which these reduced over the progression of sessions and reduction of anxieties.

Full RCADS before/after:





Jess has been a real asset to our team. Having a CWP working in a team of counsellors and therapist has been amazing as we have been able to utilize focused CBT based treatments to give the client additional options for therapy which offers a flexible approach to fit their individual needs. Jess in her own right has become an expert in treatments and identifying the needs of the client and through her knowledge of CBT has heled clients to better understand themselves and provided skills and techniques to overcome challenges which has been life transforming for clients.

- Team Lead

Client Feedback: Call from Mum to say as huge thanks to JG. As a family they all went over to West Quay yesterday, which is where client had her first meltdown, but client was absolutely fine and is also helping others with what she has learned from JG. Mum was overjoyed as how much of a difference JG had made to their lives.

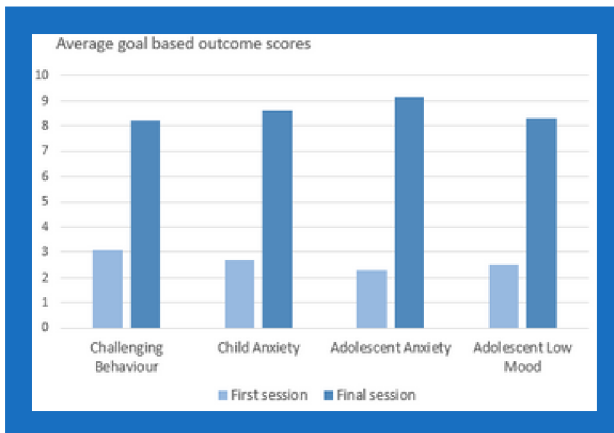
Merton CWP Service

It was nice to have someone listen to me and make me feel like my worries are actual worries and didn't dismiss them
- Young Person

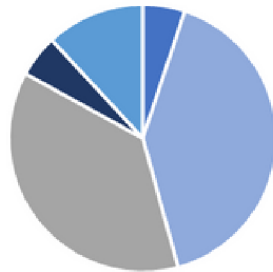
Practitioner has a good understanding of how to help with behavioural problems. She was good at listening and suggesting ways forward -
Parent

We expanded our referral intake from 1 to 6 schools.

We work with 6 schools; 5 primary schools and 1 secondary school.



We have worked with 59 families



- Anxiety and low mood (adolescent)
- Child anxiety
- Challenging behaviour
- Adolescent anxiety
- Adolescent low mood

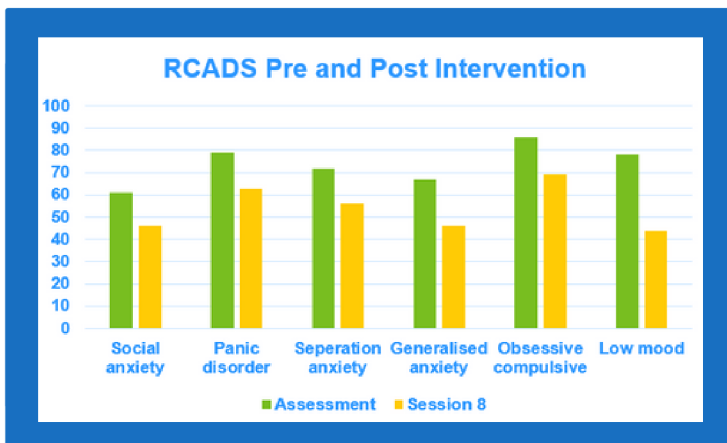
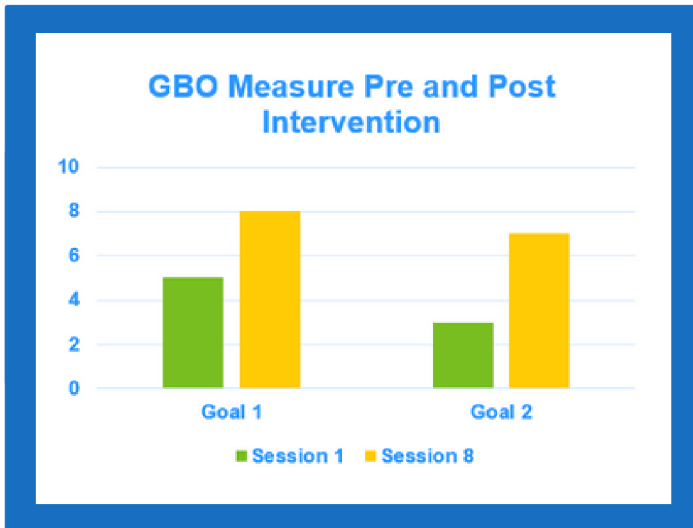
We adapted the Challenging Behaviour manual to meet needs of children who have received an ASD diagnosis or are awaiting an assessment.

- **New materials** were created such as on one-on-one parent-child social coaching to increase social skills within the family, peer social coaching to improve social skills with peer group, and creating a support network for the parent, as it can be isolating caring for a child with ASD.
- **Adapted Special Play**, which included spotlighting, encouraging eye contact and social skills such as turn-taking.
- Created handouts for parents to use **visual supports** including story boards and visual schedules, to decrease anxiety surrounding changes and transitions.

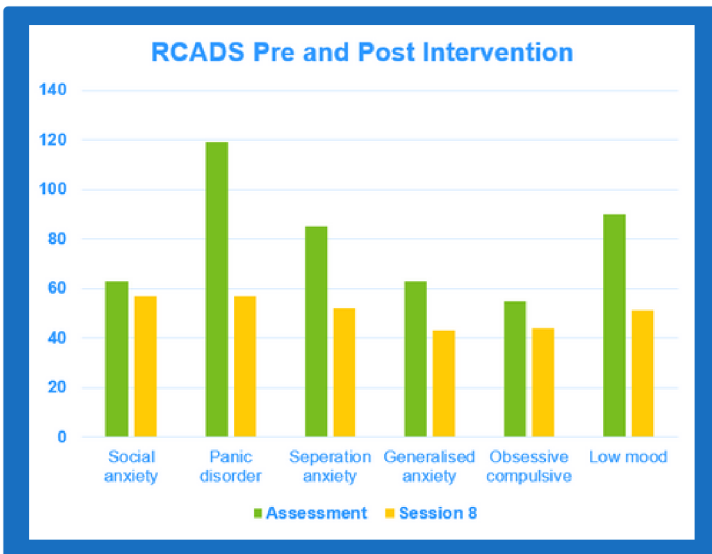
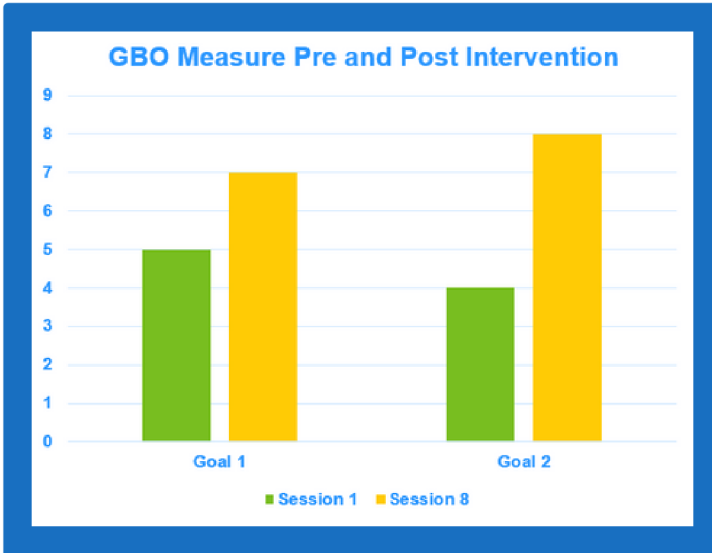
NELFT NHS Foundation Trust

Examples of CWP work completed since starting the training course in January

Case 1 – 16-year-old male who completed the brief guided self-help low mood intervention



Case 2 – 15-year-old male who completed the brief guided self-help low mood intervention



Feedback received from these families

The people have helped me and listened to me over the last few months and have helped me become a better person. The service is really good here and I would highly recommend it to anyone else that is struggling with their low mood

Apart from the first session when he was nervous, he felt safe in the environment. The CWP's approach helped him to relax and trust the process

It was a very structured programme with weekly tasks. This is how my child likes to work so it was very good for him. The times were convenient, and the therapist was very kind and worked with my child in a very good manner. I am very impressed especially as the therapist is a trainee, she worked hard to deliver the best programme to my child. He got a lot out of the sessions.

South London and Maudsley NHS Foundation Trust

Croydon Children's Wellbeing Practitioner Service

Since January, the trainees have seen a total of 67 individual cases. 8 of these were low mood cases, 16 were challenging behaviour case, 17 were adolescent anxiety cases, and 26 were child anxiety cases.

From this data it can be inferred that child anxiety is most prevalent problem for families in the Croydon community seeking our service.

It was a pleasure to work with Maria. The CBT programme was easy to follow and she explained each step in simple words. Maria always had answers to my questions and replied to my emails quickly. She gave us great advice whenever needed and was always smiling and encouraging. We also needed the Anxiety intervention and Maria again was prepared with great techniques to help our son overcome his fears. Because of Maria our family is better.

It proved worthwhile to have a view from someone not wrapped up inside our busy lives. The intervention was positive in that it showed us practical techniques in helping our child overcome his anxieties



ADHD Parent Workshop

We were asked to take part in the ADHD parent awareness workshop. This workshop is offered to parents of children who had been newly diagnosed with ADHD. The workshop has 3 sessions covering, what is ADHD/medication, sensory processing in ADHD and parent advice for children with ADHD.



We developed a PowerPoint presentation for parents of children with ADHD outlining ADHD comorbid disorders, our CWP interventions, techniques to support your child with ADHD, parental self care, how to refer to our CWP service and signposting to other services.

Neurodevelopmental referrals

Our CWP service offer ADHD and ASD screenings for children and young people who present with associated traits. The screening process involves collecting evidence from both school and parents via a social communication questionnaire (SCQ) and SNAP questionnaire.

This course was a game changer for my family. It gave me the tools and support that my son and I needed at a critical time. Joshua was incredible and helped me gain the confidence to help my son with his anxiety and continue to implement the strategies every day. The course, the book along with guidance from Joshua have been invaluable and has been such a good experience. It will continue to impact my family in a positive way going into the future.

Case study - adolescent low mood

A 17 year old girl with symptoms of low mood and trauma (low risk) linked to family experience of domestic abuse. She was offered low mood intervention or Behavioural Activation. She successfully completed 8 sessions and reported a significant improvement in her goals. She also reported to be more engaged in relaxing activities such as baking and sewing. She also set up a mental health event in college.

As the young person was due to turn 18 and despite reporting a significant improvement in her mood, there were still symptoms of trauma present. She was therefore referred to the adult Talking Therapies team in Croydon for additional support to resolve her symptoms of trauma.

See below for goal progress:

- For [young person] to go outside (into nature). Go on walks or ride the bike twice a week.
- For [young person] to be less irritable at home
- For [young person] to improve her sleep
- For [young person] to be more grateful for little things

Goal setting	Assessment	Session 8
Goal 1	2/10	6/10
Goal 2	2/10	5/10
Goal 3	4/10	7/10
Goal 4	5/10	7/10

Case study - child behaviour (individual)

A 7 year old boy struggling to regulate his emotions, and can lash out. This can be triggered by sensory stimuli such as loud noises. He is doing well academically at school, but can also get overwhelmed there and have meltdowns. Following 8 sessions of guided self-help for behaviour the following outcomes were seen on goals:

[Young person] has made progress towards all four of his goals:

1. To be able to stop throwing things when lashing out.
2. To be able to stop hitting when lashing out.
3. To be able to use words when communicating how he feels.
4. To be more aware of personal space with peers.

Goal setting	Assessment	Follow up
Goal 1	2/10	10/10
Goal 2	4/10	10/10
Goal 3	5/10	9/10
Goal 4	2/10	9/10

Case study - child anxiety

An 8 year old girl with anxiety around taking part in any activities as well as not wanting to go to school, perfectionist tendencies and not wanting to speak to others.

The following goals were identified, and progress outlined below:



1. For [young person] to be able to talk in front of people
2. For [young person] to manage her anxiety
3. For [young person] to join a club
4. For [young person] to be happy and feel safe

Goal setting	Assessment	Session 6
Goal 1	0/10	8/10
Goal 2	0/10	8/10
Goal 3	0/10	10/10
Goal 4	2/10	10/10

When we completed the intervention mum said that they had the best Christmas ever and she thanked me. She said she couldn't believe that doing the sessions with mum only could have such a huge positive impact on the child.

Thank You for all the support you have given to her with her anxiety it has been a long journey but with your help it has got that little bit easier. The journey continues...

Feedback from families

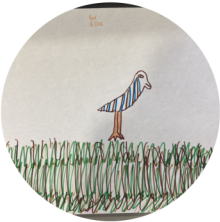
The course has been brilliant. We love how it's grounded in research and peppered with video examples. It's very digestible and we love having homework (something to work on with the child each week). It's also really good to receive the calls and the handouts, as they are good reminders of what the topic was. It was a real opportunity for the two of us to do it together, as we could immediately follow up and we spent time during the course discussing what behaviours we were going to address, strategies etc. So online was a massive plus for us. The facilitators were amazing, plenty of knowledge and really insightful and also they remembered things about our children and gave feedback personalised to us. We felt so lucky to get on this course. It's brilliant and it should be offered to more families.

[YP] has really benefitted from the sessions with you and has become very fond of you and her confidence and ability to move forward has really improved – that's all down to the support, guidance and care you have provided for her

Surrey and Borders Partnership NHS Foundation Trust

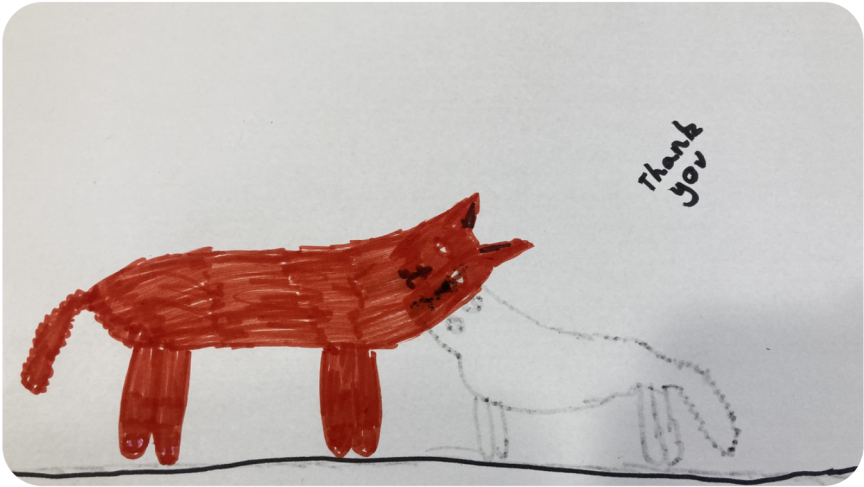
Hi Ella. Thank you so much for your help and support, I really have noticed a difference in [young person] since she worked with you so I'm extremely grateful for what you've taught her. Particularly when her younger sister is having a meltdown and she uses the exercises you have taught her to calm down or re-focus.

TO ella
Thank you for all your hard work and support it was lovely spending time with you. for making me feel more confident.
from Yasmin and mum x



Lucy was an excellent practitioner, and her approach was warm and friendly whilst professional. She helped to support our family and my daughter has made excellent progress towards her goals. Our house is much happier and calmer now that we are all getting more sleep!





Lucy has been very helpful and supportive throughout the programme. She has shown a real interest in equipping my husband and I with the right skills and tools to support our son and us as a family as much as possible. She has listened to our concerns and has tried to help us to find solutions at every stage. Lucy has also been thorough, punctual, encouraging and very reliable, which is what is needed when this type of support is required. We would like to thank Lucy for all of her help and support.

Sutton CWP Team

Throughout this year, the team has managed to provide a variety of services across the borough:

- Coffee mornings (parents and professionals)
- Parent guidance workshops
- Multi-agency meetings
- Workshops at schools (Worry Ninja for year 6 and Emotional Regulation workshops)

"The Worry Ninja workshop made my worries about high school feel normal and I loved the fun breathing technique!" – Year 6 child

"The service helped us so much. Would definitely recommend her to anyone who needs support with their child!"
– Parent, Behavioural Difficulties

"(The intervention) Helped to address the key elements of what was maintaining and reinforcing my anxiety. I now know how to manage my anxiety and I feel so much better" – Adolescent

"I've learnt that its ok to worry, and sometimes when you overcome your fear it could make you more brave" – Year 6 child

Wandsworth children and young people's wellbeing service

It really helped me understand more about anxiety – Year 6 student

I am now more confident – Year 6 student

Year 6 transition workshop

Our infamous 'Worry Ninja' workshop is designed to support Year 6 students with the transition to secondary school. With a total of three sessions, students learn skills and strategies needed to better cope with the transition.



Checkpoint Torbay

(CWP) always made me feel at ease and my worries/concerns were taken seriously and I wasn't made to feel stupid

She made me feel welcome and listened to what I had to say

(CWP) helped me a lot and tried to understand everything from my perspective

I feel immensely more confident

**The
Children's
Society**

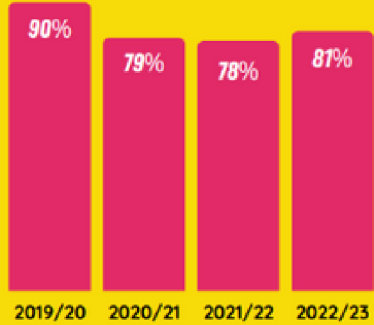
Devon and Torbay CWP service

- CWP Devon are meeting close to a thousand Devon families and CYP a year.
- As with usual methods of Early Intervention offer, our service is involved in the important task of offering rapid and timely assessment with waits at minimal levels and getting advice and signposting, whilst also then offering a service to over 98% of CYP people assessed where they continue getting the help and clinical support they need through our menu of LI CBT interventions.
- The CWP Team now has a menu of 15 Interventions, as well as a comprehensive CBT informed Assessment to produce clinical formulations highlighting needs and then supporting people with mild to moderate mental health difficulties which are predominantly seeking to address symptoms of; anxiety, low mood and emerging behavioural difficulties.

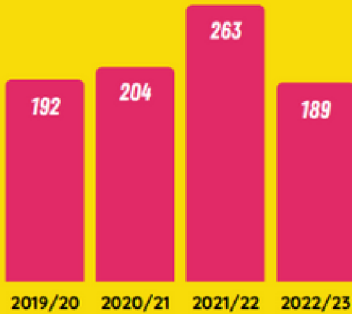
Off The Record

I felt validated and even when talking about my most irrational thoughts or feelings, I wasn't made to feel stupid for it and I felt understood and listened to

REPORTED IMPROVED OUTCOMES



REFERRALS INTO CWP TREATMENT



I got to come up with solutions and techniques that help me as an individual

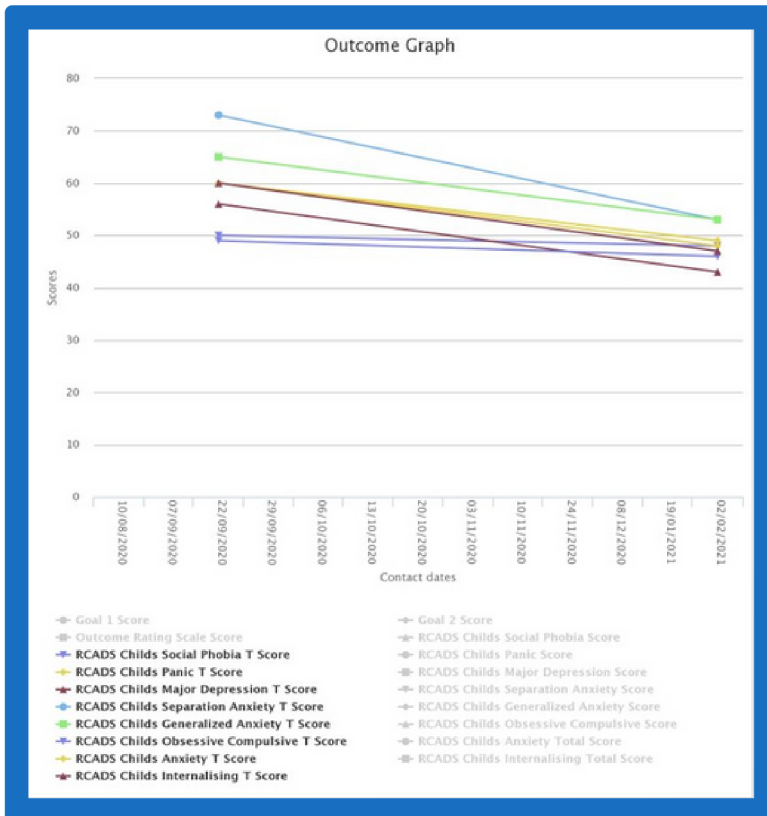
I felt listened to at all times and felt I was able to be honest about my feelings. I felt very comfortable around them and as though I am able to talk about anything, especially things I wouldn't really talk about to most others.

OTR

Young People Cornwall

Case study - cognitive restructuring for separation anxiety in ASC

- 13 y/o male with a diagnosis of ASC was referred in for difficulties around anxiety.
- An assessment was carried out where separation anxiety and generalised anxiety were considered clinically significant (t-score 73 & 65 respectively).
- On exploring RCADS scores, the young person identified separation anxiety as being the main issue. It was particularly difficult for him at the bus stop in the mornings before school. He would often run home rather than attend school.
- The maintenance factors were his reactions to his thoughts, so we arrived at challenging his thoughts to make things more manageable for him.



**RCADs at
the start
and end of
treatment**



Young Somerset

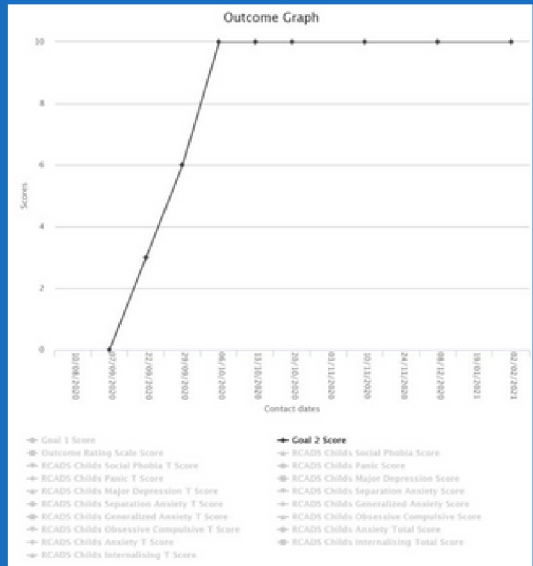
“Francesca! Incredible support for my daughter and our family – really listened, took the right tone of voice and made us all feel so comfortable, she made this experience so much easier as a family – thank you!” – Worry Management feedback (parent)



“Francesca listened to the issues my son has/had and gave me time to talk through what I need to. She had lots of helpful ideas and suggestions and made her approach personalised to our situation”. – Parent-Led feedback



Goals were established and completed



Adaptations

- The young person was clearly anxious, this could be seen in his body language, fidgeting, restless leg and looking around the room. As a result, we took 10 sessions, rather than the standard 6 so we could respond to his need.
- Also, the young person enjoyed the Marvel comics, so time was taken at the end of each session to talk about this.
- The young person also played golf, so when this came up, time was taken to allow him space to communicate what was working well for him.

Separation anxiety RAW score

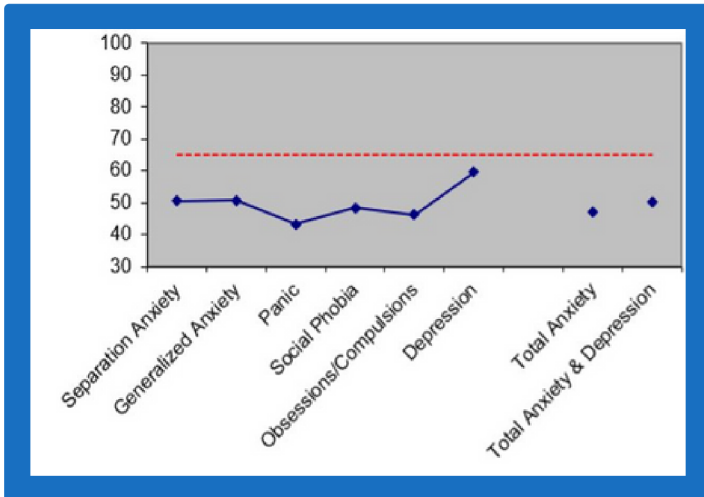
Here can be seen, as a result of the intervention, cognitive restructuring was an appropriate tool to help a young person with ASC to overcome separation anxiety. They were able to challenge unhelpful thoughts about predicting the future, or mind reading, successfully. This resulted in improved school attendance and a more confident young person.



Case study - Cognitive Restructuring for depression

The referral was for a 15 year old male, in year 11. He was experiencing symptoms congruent with stress, anxiety and depression at the start of the year. Although he was clearly intelligent and articulate, he found talking about his problems and worries very difficult.

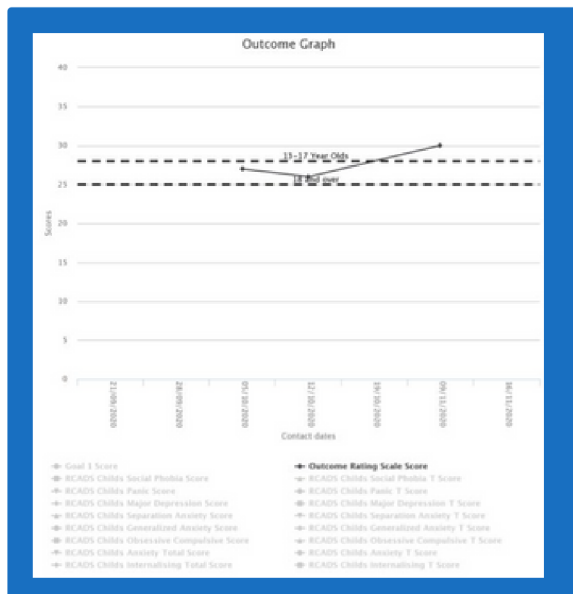
RCADs at the start



Here can be seen borderline clinical significance for depression. On exploring this with the young person, he agreed that this would likely have scored higher a "couple of months ago".

Outcomes rating scale

As can be seen from his ORS score, he sat below the typical score for his age and gender. This would suggest a likelihood for a depression and/or anxiety disorder. On completion of the intervention he was above the average score.



Justification for treatment method

The young man was both intelligent and incredibly active. Behavioural Activation is the typical 'go to' intervention for depression. However, on discussing this model, the young person clearly understood the rationale but was able to identify this would not likely help him due to his busy life; addressing multiple life area values. What the young person was able to note was that he spent a lot of time, particularly in the evenings, overthinking his day. This would make him feel low as he would reflect on negative, or potentially negative, experiences. As a result of this, I explained Cognitive Restructuring as a treatment option. He liked the idea of becoming more efficient and accurate in his processing so we went with this as an intervention to address his depression/low mood.

Adaptations

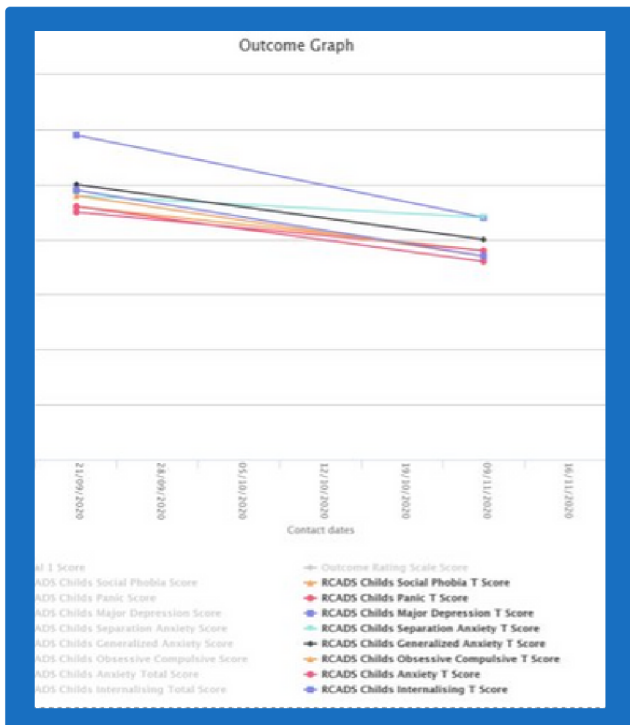
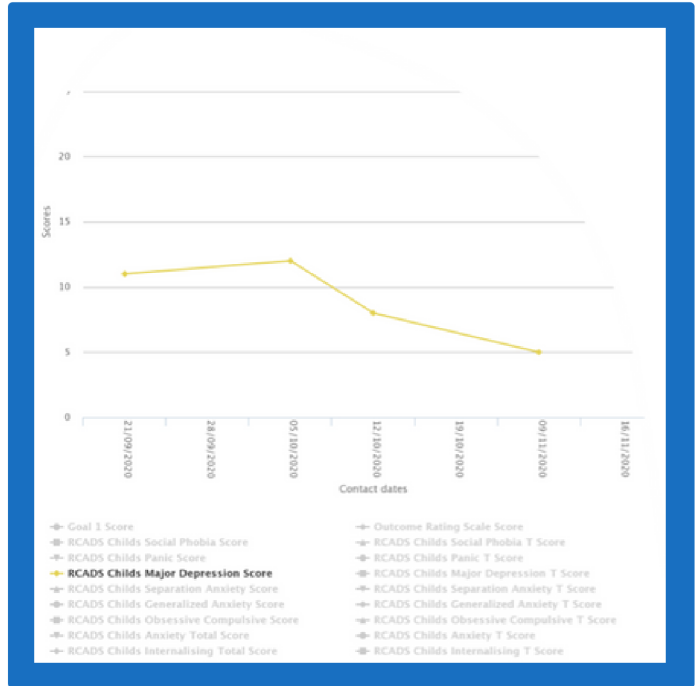
The young person was intelligent and thought in a critical manner. This meant he was able to question the efficacy of Cognitive Restructuring. His concern was that, if he is the one changing his thoughts then why should he believe them? And why would he believe them if there is a predisposition to anxiety and depression? These were fair questions for him to ask. As a result, we spent a session before the half term break looking at objective fact and subjective opinion. Both key components of Cognitive Restructuring. He understood the content well, but was apprehensive. We agreed to review our work together after the half term break, when he has had a chance to put the theory into practice.

Post half term success

Within seconds of seeing the young person after the half term break, I could see a difference in his body language. He was stood up tall and smiling. He thanked me for persevering with him and that he had not made it easy. The work on facts and opinions had clearly impacted the young persons ability to not only restructure their thoughts, but more importantly, to believe the new 'balanced way of thinking'.

RCADs depression subscale

We monitored his depression throughout, using the RCADS subscale for depression. Here can be seen a significant drop as a result of the intervention.

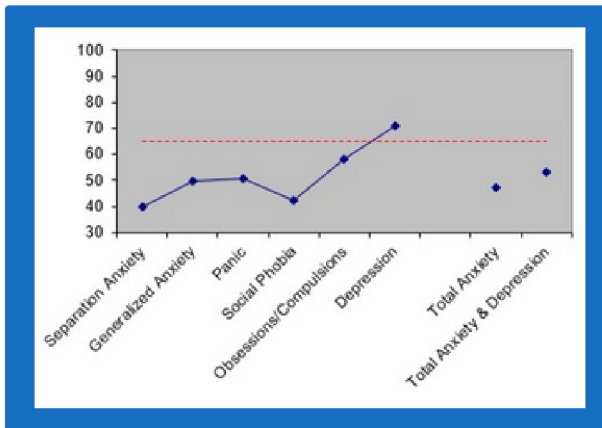


RCADs T-score start to finish

Looking at the complete RCADs T-Scores, we can see that depression dropped the most, now sitting far below the clinical threshold. Furthermore, all other disorders measured by using RCADS showed substantial improvement.

Case study - Covid-19 Digital Therapy - Behavioural Action

- The young person involved was a 14 year old male.
- Main presenting symptoms were congruent with depression.
- Psychomotor skills appeared affected.
- There were regular thoughts of suicide.
- He had experimented with self-harm.
- Attended school regularly prior to COVID-19.
- Described as gifted and talented.
- Was previously involved in sports, with a desire to join the Royal Marines.
- The assessment and first two sessions were carried out face-to-face in school.



RCADS

Clearly identifiable, clinically significant depression

Risk management

We felt a safety plan was not required as, despite regular thoughts of suicide, the young person had no plans or actions. Furthermore, they had recognised themselves that these were 'just thoughts'.

The young person had strong protective factors in his mum and sibling.

Although the young person had experimented with self-harm, he found little value in it.

Moving forwards with managing risk, mum was aware of his thoughts and she found this distressing. I explained that if she felt it was unmanageable then she should contact her GP.

I assured mum that it was commonplace for me to check in on risk each session and that if there was any development she would be informed.

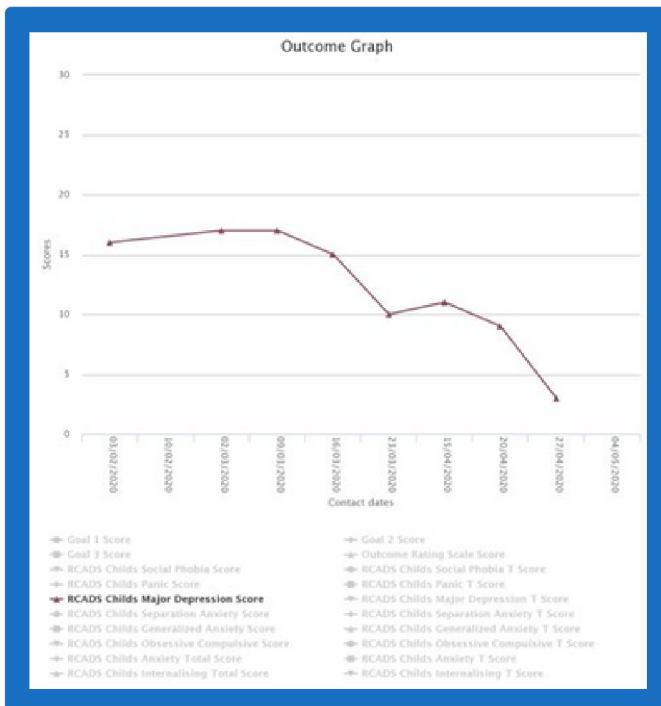
Intervention and goals

It was clear to me that the young person would benefit from Behavioural Activation as he had become withdrawn from past activities that were valued by him. He too saw this and fully understood the rationale behind Behavioural Activation.

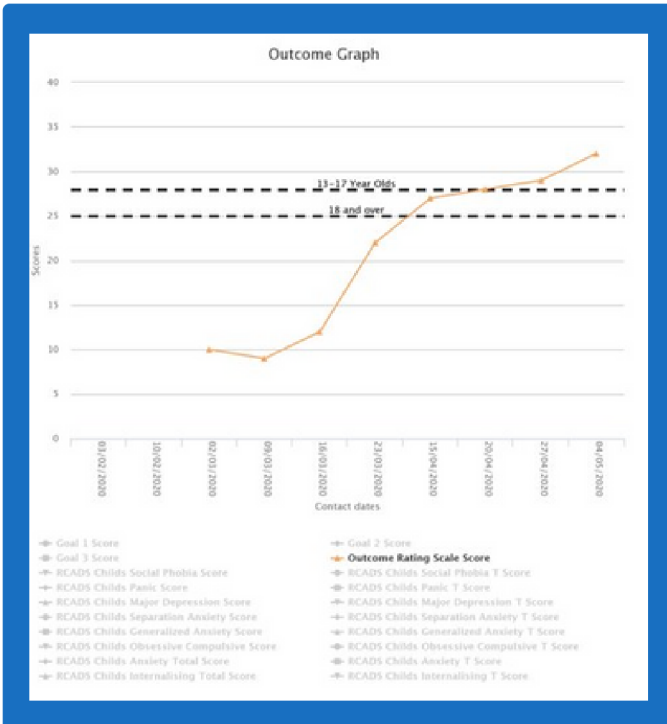
He was no longer fully engaging in sports or socialising.

His goals were:

- 1) To meet with friends after school
- 2) To enquire about joining cadets
- 3). To exercise daily



Graph showing the efficacy of the intervention through RCADs scores

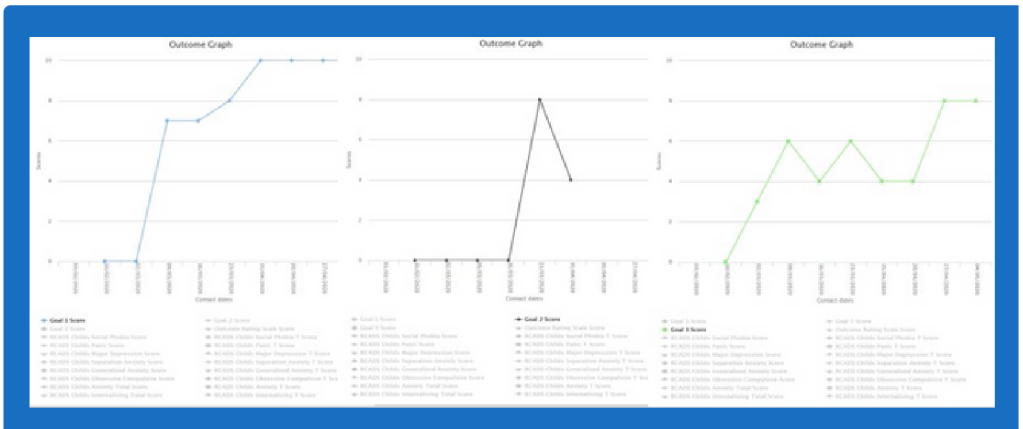


Graph to show increase in outcomes score. Now above average for age range.

As depression symptoms decrease so outcomes rating increases:



Goals



Adaptions due to Covid-19

- The intervention went well, and client engagement was faultless. We had to adapt the goals due to the circumstances. Therefore, the goal of enquiring about cadets could not be completed. This was due to isolation measures, thus, cadets not currently running. The young person did all he could to work towards this goal.
- The goal of meeting with friends was achieved by being creative. Rather than meet face-to-face, the young person actively engaged with friends over the X-Box. He felt this was beneficial and, given the circumstances, all that could happen.



Evidence base



The results speak for themselves. Low intensity CBT clearly has its place as a hugely useful tool to support children and young people. Also, something we have found is using the graphs are a great way to help children and young people understand their journey and celebrate the changes they have made to overcome their difficulties.

THANK YOU

With special thanks to the conference steering group: Alex Goforth, Alex Riley, Alison Wheeler, Alysia Janes, Andy Roberts, Beth Cuffe-Fuller, Catherine Gallop, Chris Doncom, Claire Evans, Dominique Henson, Elizabeth Elliott, Hannah Vickery, Helen Barker, Hollie Gay, Jeevan Kang, Jennifer Rouse, John Neary, Jonathan Parker, Jynna Yarrum, Kirsty McNeilis, Laura Hitt, Lili Ly, Markku Wood, Martin Carey, Mike Turnbull, Nik Mansfield, Robert Kidney, Sonya Godley, Susanne Payne and Vicki Curry.



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At the end of the event, we would really appreciate it if you could spare a few minutes to complete this short feedback survey.