

**COMPETENCIES FOR THE CHILD PSYCHIATRY MODULE  
OF AN SpR TRAINING IN PAEDIATRIC NEUROLOGY**

## *CHILD PSYCHIATRY*

**Note 1:** A consultant child psychiatrist or equivalent CAMHS specialist should be available as supervisor during the paediatric neurology trainee's attachment in child psychiatry. Supervision should also preferably be available *outside* this period to allow discussion of CAMHS aspects of experiences during other training, and in particular *after* the attachment to supervise the *subsequent* application of acquired skills.

**Note 2:** Current BPNA guidance advises 3 months equivalent in child psychiatry. There are advantages both to a full or near full-time attachment over a short period (breadth of experience, integration into CAMHS team) and a sessional attachment over a longer period (opportunity to observe the natural history of a small number of cases over a longer period). A "short, broad" attachment may be preferable<sup>1</sup>, although it is recognised that this may not be possible in all centres.

**Note 3:** It may not be possible to meet all training needs through placement within a single CAMHS unit: attendance at other specialist services may be required.

*By the end of Higher Specialist Training, trainees will demonstrate the following competencies in Child Psychiatry:*

- Demonstrate a high level of skill in engaging with children, adolescents and parents, including "hard to reach" children and families. This should be a major emphasis. Consideration should be given to attendance at formal training workshops. Direct observation or video-review of sessions by the trainee's supervisor is mandatory.
- Demonstrate the ability to complete a mental state examination of a child/adolescent, and the assessment for child and adolescent mental health problems.
- Demonstrate developing skills in reaching a psychiatric formulation.
- Demonstrate developing skills in judging the severity of emotional and behavioural difficulties and their impact on children and families.
- Demonstrate knowledge and understanding of biological, psychosocial and social aspects of development at different stages of childhood and adolescence.
- Demonstrate knowledge and understanding of individual, family and environmental effects on psychological vulnerability and resilience.
- Demonstrate understanding of the ways in which emotional, behavioural and developmental problems can result from physical disorders and demonstrate appropriate thresholds for involvement of CAMHS professionals for advice or direct assessment.
- Demonstrate an understanding of the roles and potential contributions of members of the multidisciplinary CAMHS team.

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<sup>1</sup> Mordekar S, Chalhoub N. Child psychiatry training for paediatric neurology trainees; a personal view. *Arch. Dis. Child* 2004; 89(5): 464-465

## BPNA Competencies in Child Psychiatry for Paediatric Neurology Trainees

- Demonstrate an understanding of the ways in which emotional and psychological problems can have physical presentations.
- Demonstrate an introductory awareness of psychopharmacology for child and adolescent mental health problems.
- Demonstrate an introductory awareness of the theoretical bases, principles and indications of the major models of psychological treatment (cognitive-behavioural, psycho-dynamic, family therapy).
- Demonstrate a knowledge of the use and limitations of questionnaire measures in child and adolescent mental health, including disorder-specific and more global functioning measures.

### Acute presentations

The patient presents with	Knowledge and understanding	Skills
Acute agitation or confusion	Demonstrate knowledge of drugs that can cause behavioural or psychiatric symptoms.	Distinguish acute confusional state from other forms of behavioural disturbance. Assess orientation and complete a mental state examination.

### Chronic Presentations

Psychotic disorders	<p>Know the risk factors for psychotic illnesses arriving <i>de novo</i> or as part of other organic illnesses.</p> <p>Know how to assess and manage acute presentations.</p> <p>Know when to seek CAMHS advice in a timely fashion.</p>	Skill in assessing possible psychotic symptoms.
Communication and socialisation disorders	<p>Demonstrate familiarity with instruments for diagnosis of autistic spectrum disorders (ASDs).</p> <p>Discuss the epidemiology, aetiology and co-morbidities of this disorder.</p>	<p>Discuss educational needs for children with ASDs.</p> <p>Be familiar with resources for families and professionals relevant to children with ASDs.</p>

BPNA Competencies in Child Psychiatry for Paediatric Neurology Trainees

Behavioural and conduct disorders	<p>Discuss the epidemiology, aetiology and co-morbidities of this disorder.</p> <p>Discuss the principles of assessment for a child with this disorder.</p>	<p>Demonstrate basic skills in the assessment of parenting skills and deficits.</p> <p>Demonstrate experience of educational liaison for children with behaviour/conduct disorders.</p>
Major affective disorder	<p>Discuss the epidemiology, aetiology and co-morbidities of this disorder.</p>	<p>Discuss the indications for psychotropic medications.</p> <p>Discuss the indications for psychological therapy.</p>
Attention deficit disorder	<p>Discuss the epidemiology, aetiology and co-morbidities of this disorder.</p>	<p>Discuss the indications for and potential complications of stimulant therapy.</p>
Obsessive compulsive disorder	<p>Discuss the epidemiology, aetiology and co-morbidities of this disorder.</p>	<p>Discuss the indications for psychotropic therapy.</p>
Seizures	<p>Discuss psychotropic effects and behavioural side effects of anticonvulsant medication.</p>	<p>Draw up a formulation that incorporates the epileptic, organic and psychosocial factors that underlie problem behaviours encountered in children with complex epilepsy.</p> <p>Draw up a formulation of the predisposing, precipitating and perpetuating factors in a child with non-epileptic attack disorder (NEAD; “pseudo-seizures”).</p>
Medically unexplained physical symptoms (dissociative, factitious and somatisation disorders)	<p>Know how to evaluate these presentations and the major categories and their associations.</p>	<p>Communicate the psychiatric formulation of the child’s illness to the child, parents, ward staff or community paediatric team.</p> <p>Engage families with appropriate interventions. Seek advice appropriately.</p>