Observation Feedback Form: child session

Student:

Client details:

Date:

Scoring	
ABSENT:	*was not included by student*
INAPPROPRIATE:	*applied, but done so poorly/mistimed/without rationale*
BASIC:	*competent, but lacked some elements*
GOOD:	*competent, and all core elements included*
VERY GOOD:	*competent, at level of skilled and experienced practitioner*
EXCELLENT:	*skilful and effective, even in the face of difficulty*
N/A:	*not an expected feature of session*

Observer name:

Signature:

Criterion	Rating	Comments
Collaboration *use of empathy, self disclosure & "doing with"*	Absent	
Informality *relaxed, genuine & authoritative*	Inappropriate	
Playfulness *creative & developmentally appropriate*	Good	
Credibility *approachable, authoritative & measured*	Good	
Pacing & pushing *goal-oriented, empathic and orgnaised*	Excellent	
Interpersonal effectiveness *calm, warm, professional & boundaried*	N/A	
Agenda setting *collaborates to set mutually agreed gaols*	Inappropriate	
Seeking feedback *asks for feedback & adjusts practice*	Inappropriate	
Use of theory-driven strategies for change *clear use of theoretically coherent strateiges*	Inappropriate	
Conceptual integration *creative, theory-driven & appropriate*	Inappropriate	
Use of homework *review, explains, sets & integrates homework*	Inappropriate	
Use of measurement-based care strategies and tools *objectively assesses progress & outcomes*	Inappropriate	

Child psychological therapy sessions

Observation criterion explanations

Collaboration

Research indicates the collaboration between young people and their psychologist predicts a strong working alliance. More specifically, it has been noted that collaboration also reduces client attrition, and it is well known the clients are more susceptible to change if the ideas tested come from their own thoughts, feelings and actions. Collaboration emphasises that psychological therapy is done with young people rather than prescriptively applied to young people. Appropriate self-disclosure is sometimes a strategy that can be used to enhance collaboration with young clients, as can regularly seeking feedback from the client (see separate criteria).

Informality

Research indicates that children and young people respond well to informal therapists. Ideally, the psychologist balances an authoritative, adult stance with an informal demeanour when interacting with young people. It is important that psychologists avoid talking down to children and oversimplifying matters for young people. Informality should not be confused with an absence of therapeutic limit setting, and neither should it be confused with the sense that psychological therapy is not a serious undertaking. Good psychological therapy avoids a pompous, overly formal stance that is parental in nature. Psychologists should seek to create a relaxed therapeutic atmosphere where children and young people are sufficiently comfortable to approach their problems flexibly, and experiment with new ways of solving problems. The psychologist should seek to communicate a sense of genuine interest in the young person's internal and external world and, where limits are required, impose them in a way that is authoritative rather than authoritarian. Psychologists should feel free to indicate their enjoyment of working with a young person, and whilst informality may include playing with younger children, good psychological therapists may achieve informality through discussions of hobbies, interests, and preferred activities with older children by using judicious self-disclosure.

Playfulness

Playfulness enlists young clients in the therapeutic process, and decreases their perception that psychological therapy is boring and dull. Furthermore, playfulness fits well into the experiential nature of cognitive behavioural therapy and other 3rd wave cognitive therapies in general. As well as normalising the process of psychological therapy, playfulness increases transparency, emotional tolerance, energy and therapeutic investment. Psychologists should consider the developmentally appropriate level of their child clients, and tailor their playfulness and play-related strategies accordingly. With older children, playfulness may be operationalized as creativity and informality, including the use of appropriate amounts of banter and humour. In summary, whilst psychological therapy deals with serious issues, it need not be applied in a heavy-handed manner. The difficulties that child clients are experiencing can be captured and modified using playful strategies, such as stories, rewards, games, metaphors, music and drawing.

Credibility

Clients should not doubt a psychologist's competence, skills or professionalism. Psychologists should remain authentic and professional, whilst also taking care to remain informal and approachable, particularly with younger child clients. Effective limit setting instils a sense of credibility in young clients and their families. Generally speaking, credibility is reinforced by the behaviour of the psychologist, and psychologists who are reliable, professional, measured and authoritative are more likely to be viewed as credible by their young clients and their families.

Pacing and pushing

With experience, a good psychologist can differentiate clients that need an increased pace of work from those who require the work to be slowed down. It is important that a psychologist is able to correctly differentiate these, as both can be a reason for client attrition if misunderstood by the psychologist. Furthermore, psychological treatment is generally time limited, and this boundary should be clearly explained and adhered to by the psychologist. Inevitably, some of the time spent in a session is not necessarily focused on the stated goals of psychological therapy and exists in service of broader goals relating to therapeutic relationship and maintaining the engagement of a young person in what can be a difficult and arduous process. Skilled psychologists pace the session and give young people breaks during their time together, so that they do not become overwhelmed. Pacing and pushing skills include setting limits in a session, focusing clients on key issues, and redirecting unproductive aspects of the session back to the stated session goals.

Interpersonal effectiveness & empathy

Empathy requires the observation of a client's emotional arousal and the imagination necessary to communicate a shared perspective. Empathic psychological therapists are successful in seeing the world through a young person's eyes and are effective in grasping both the content of a young person's inner experience and the context in which they occur. Additionally, a good working relationship between the psychologist and the client is marked by a sense of being liked and emotional closeness. Interpersonally effective psychologists communicate their genuine enjoyment of working with young people. In combination, these characteristics amplify the emotions displayed in a session, and change can occur in the context of negative affective arousal. Empathic and interpersonally effective psychologists are alert to the subtleties and nuances in a session and respond accordingly.

Agenda setting

Agenda setting is a core element of most time limited psychological therapies. It should be a collaborative process, where young people, family members and the psychologist sketch out a blueprint for the session. Agenda setting serves transparency and informed consent, and ensures that time is allocated to critical tasks that should be the focus of the session. Agendas ensure that momentum is maintained within a session, and between sessions. As well as adding structure to the client's inner life, it allows for both psychologist and client to ensure that the focus of the session is appropriate.

Seeking feedback

Research has shown that psychologists who seek regular feedback from their clients have better outcomes. Whilst there is no formula for exactly when a psychologist should seek feedback from a client, it seems sensible for psychologists to seek feedback at the beginning of a session to gauge the response of the client to the previous

session now that they have had time to reflect on it, and then at some point further on in the current session to gauge whether the client is responding well to the strategies being discussed and the overall session in general. Psychologists should modify their practise if they receive feedback from clients indicating that they are finding some of the material difficult, hard to understand or are struggling to engage because of the approach taken by the psychologist.

Use of theory-drive strategies for change

Different theoretical approaches to the resolution of psychological problems employ different psychological tools. Furthermore, the ways used to describe, conceptualise and address psychological problems attract different language and phrases. Different theoretical approaches also make use of specific strategies to bring about psychological and behavioural change. The aim of this criteria is to be able to assess the extent to which the psychologist is able to use specific, theory- specific strategies, tools and language to address the issue that they and the client have agreed to work on. It should be clear to the observer that the psychologist and the client are using theory-specific tools to accomplish their goals.

Developmentally appropriate conceptual integration

Psychologists should have a clear formulation of the client's current presenting difficulties. The way in which a formulation is shared with the client should take into consideration their developmental level, such that sharing a formulation with a young child uses different strategies and techniques to sharing a formulation with an older child, or an adolescent. The psychologist should integrate their techniques for sharing a formulation with those summarised in other criterion, such as playfulness and authenticity. The formulation should be clearly linked to a theoretical approach to understanding human psychological problems and should be clearly articulated to the client in a way that allows the client to consider their own perspectives. The use of case conceptualisation strategies in a session will differ depending on the point during the overall course of psychological therapy that the observer is witnessing. It is also important to note that the way in which formulations are collaboratively explored with clients will differ depending on the theoretical orientation of the work being undertaken. For example, formulation approaches using cognitive behaviour therapy are somewhat different to those using interpersonal psychotherapy. Regardless of differences in language and content, a collaboratively explored theoretical formulation that encapsulates the client's presenting issues in a way that is understandable and meaningful to the client is important. During early sessions, this may take the form of a more general case formulation that describes several of the client symptoms in a way that begins to help the client understand how future psychological therapy may unfold. In subsequent sessions the observer may see formulation examples of a smaller kind, whereby the psychologist and the client apply their chosen theoretical model to understanding specific issues that have occurred during the previous week, or during the session.

Explaining and scaffolding homework tasks

Research indicates that psychological therapies that use homework strategies are more successful for behavioural change than those that do not use homework strategies. Furthermore, research indicates that clients who engage in homework strategies are more likely to improve than those who choose not to engage in homework strategies, or who struggle for other reasons to engage in homework strategies. When working with children and young people, it is important for the psychologist to judge the extent to which the client will need support with undertaking the homework task. For example, some tasks will require parental assistance in order to ensure that they are undertaken, whether for safety reasons, access reasons or to provide motivational support and encouragement. It

is important that psychologists are able to carefully judge the kind of homework exercise that will be of value to a client, explain it in a way that integrates the material covered in the session or previous sessions into the homework exercise, and leave sufficient time for the client to ask questions about the forthcoming homework exercise. It is also important that psychologists review previously completed homework during the session. Whilst this is commonly done at the beginning of a session, there is no requirement that this be the case, as long as the psychologist is respecting the efforts of a client to practise strategies outside of the session by reviewing their progress since the previous session. The observer should be able to clearly delineate conversations about homework, and there should be conversations about previous homework tasks that have been completed by the client and future homework tasks to be completed by the client. Ample time should be left for both activities, and they should be carefully and thoroughly explained to the client in such a way as to link them to material covered in the session and their shared formulation or conceptualisation of the client's current presenting difficulties.

Measurement-based care

The phrase 'measurement-based care' describes the approach of a scientist practitioner to using a methodical and systematic approach to understanding changes in the client's presentation. When working with children and young people, the inclusion of both self-report and collateral information can be important, and the psychologist should consider ways of obtaining both informal and standardised examples of both. Commonly, this will also include the use of informal self-rating scales completed by the client, such as a subjective units of distress scaling. The client and the therapist may also choose to measure more general wellbeing factors on a session-by-session basis and may also choose to assess process- related variables using some of the common measures available. Regardless of their approach, it should be clear to the observer assessing this criterion that the psychologist and the client have engaged in a scientific approach to assessing the progress that the client is making and integrating this information into both the current session and changes to future sessions in order to optimise care.