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Generic Training in the Psychological Management of Children and Adolescents:

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An account of a course offered to qualified nurses, occupational therapists and teachers at the Nuffield Unit, University of Newcastle upon Tyne.

The authors argue that in order to achieve greater success than exists at present in the psychological management of difficult and disturbed children it is necessary to seek ways of training workers from different disciplines to work collaboratively, using common principles based on a sound theoretical rationale. The one-year joint course, evolved at Newcastle upon Tyne for nurses, occupational therapists and teachers, is described in this paper and may serve as a useful model for other centres.

INTRODUCTION

Local and national experience has demonstrated a paucity of training programmes for workers who have to deal with disturbed children and adolescents at a practical level. Many working in this field have received basic professional training, whether in nursing, occupational therapy, teaching or residential social work. Such training prepares the student at a general level, but incorporates little in the way of theoretical or practical experience specific to the handling of disturbed children.

An account has been given elsewhere by this University Department of the main issues in developing a post graduate course of training in the psychological management of children for two professional groups, nurses and occupational therapists (Brown *et al.*, 1974). However, when we came to review our course, it became clear that the overlap of relevant theory and practice for these two groups extended, in fact, to other workers who were faced with

managing problem children. The caring professions in other words hold much of their philosophy in common. This is not to deny that there are important aspects to the work of these professional groups which necessitate a different basic training for each. We therefore found ourselves in the same position as social workers who, a decade ago, were obliged to examine the origins and define the concepts of generic and specific training.

In this article we define generic as denoting those aspects of knowledge and skills in the psychological management of children which are general, or common, to a number of professional groups, as opposed to those aspects which are specific to any single professional group. It is essential therefore to determine which skills are generic, and which specific.

One of the earliest statements about the essence of generic training was to be found in the Younghusband report (1959) which has helped us to elaborate upon the principles for a generic course of training. The implication of this report is that students from different backgrounds would jointly study the theories, common principles and practices which underlie psychological management and help provided for children, adolescents and their families. It is expected that each group would contribute the insight from its own discipline to the joint study of the origins of maladjustment, with particular emphasis on the child's family, on his social relationships, and on his school environment.

Recent developments in the fields of education, psychiatry, psychology and psychotherapy have much to contribute towards the management of maladjusted children. It is precisely such advances which must be incorporated at a theoretical and practical level into a training programme appropriate for the different needs of the disciplines concerned with day or residential care. The aims of our course are fourfold: to provide a theoretical basis for the recognition and understanding of psychological and social disturbance of children and their families; to heighten awareness of attitudes appropriate to child rearing; to facilitate the development of skills necessary to the management of disturbed children; and to foster awareness of the advantages of interdisciplinary collaboration.

Our list of course objectives stresses throughout the need for multidisciplinary collaboration. We would not wish to enter the current debate as to which discipline is the most appropriate to care for emotionally disturbed children, for this we regard as destructive and unlikely to produce effective forms of interdisciplinary management. Just as our course is offered as a model for the joint training of workers from three professions, (and may in time be made available to other concerned disciplines) so the guiding body which administers the course, the planning committee which determines content and details, and the tutorial team which implements these decisions, all include representatives from relevant disciplines at

local and national levels. The course is conducted in a University department and therefore benefits from wide-ranging academic influences.

Planning for the course content assumed that many key themes would already have been presented in the basic training of each of the three professional groups, but in unequal measure and with varying emphasis. It was decided that morning sessions would consist of theoretical presentations to all three groups jointly, while afternoons would be devoted to topics appropriate to each group.

Our previous experience led us to conclude that a full calendar year, rather than the shorter academic year is essential for the acquisition of new skills, knowledge and attitudes. All formal tuition is given during conventional term times when university teaching staff are more readily available. This makes it administratively possible to schedule a range of experience in residential child care for the nursing group outside term time, which might otherwise interfere with their theoretical timetable.

The course starts each year in April to allow students to use the school summer holiday period for consolidation of knowledge and for opportunities for reading. During the three terms one full day a week is devoted to lectures, seminars, tutorials and outside visits, amounting to 34 days in all. This is supplemented as follows:

1. Other than on study days, nurses and occupational therapists attend the multidisciplinary conferences in the psychiatric unit and also meetings for their own professional group. They also have a weekly individual tutorial. The nurses are allocated a period for private study. Each group has opportunities to observe the other disciplines at work. In this way about two days a week are devoted to a range of training activities.
2. Since the teachers are seconded from a range of normal and special schools, they have little opportunity for immediate supervision of their practical work by the course tutors. We therefore arrange four study days that are devoted to supervised, practical experience. The shorter length of the teachers' working year may allow greater opportunity for private study, though in practice many teachers are committed to a variety of educational activities during the vacation.

The tutorial team comprises one nurse, one occupational therapist, and two teachers. These academic tutors organise the course, conduct seminars, set essays and allocate individual projects, organise educational visits and arrange continuous assessment.

OUTLINE OF TRAINING PROGRAMME

An orientation period, though desirable, proved feasible only for those disciplines, namely nurses and occupational therapists, attending on a full-time basis. Our aim for future years is to arrange an introductory pre-course seminar for teachers. Orientation at its best introduces the student to the resources of child psychiatry and allied services and offers familiarisation with the concept of a multidisciplinary approach. It enables the student to grasp the need for independent study at post-graduate level and permits the formation of personal friendship before the academic work begins.

It is of interest to note that the course content in the psychological management of children varies little among the clinical teaching centres in U. K. departments despite differences of theoretical emphasis. Course content usually includes formal lectures, seminars, case conferences, educational visits and practical work, child studies, training in a variety of forms of psychotherapy and counselling and the learning of some creative skills. A generic course must be so designed as to build on knowledge and skills derived from basic training and subsequent experience, and must be flexibly organised to make good the deficiencies in any individual student's background.

The decision about which topics should be generically taught and which separately was taken by the planning committee. Some themes are so important that theoretically all groups need exposure to them, while others are considered especially relevant for a particular discipline. A table on page 36, showing on a four point scale the comparative depth of exposure of discipline to each theme, indicates that it is no easy task to plan a generic course.

It will be seen that Life Space Interviewing (Redl, 1959) was considered a topic to which all groups would merit equal exposure, and therefore needed to be taught generically. Curriculum Development, on the other hand, is an important theme for teachers and does not need to be taught generically, even though nurses and occupational therapists have expressed an interest in this area. Similarly in relation to Pharmacotherapy, teachers have a curiosity which cannot be met in the time available. On this basis the committee gave each topic careful scrutiny and consideration.

It will be noted that we are heavily reliant on lectures and seminars for teaching purposes despite the lack of empirical evidence about the effectiveness of lectures as a teaching technique (Powell, 1970). Since only one day is set aside for study out of a busy working week, there is insufficient time for private study or exploration of the vast literature. Perhaps for this reason, the students themselves reject the currently fashionable proposal that basic knowledge be gleaned through private studies.

Students need to be able to present systematic evidence of their grasp of concepts presented in lectures and seminars, and to this purpose we consider the set essay and other written work essential exercises. We have slightly different requirements for our teachers as opposed to our nursing and occupational therapists groups.

Course Content : A Selection of Themes

	N	O.T.	T.Sp	T.Or.
Life Space Interviewing	3	3	3	3
Individual Child Psychotherapy	1 to 2	1 to 2	1 to 2	1
Pharmacotherapy for Children	3	1	1	0
Play Therapy and Creativity	2	3	2	1
Psychological Diagnosis & Formulation	3	3	2	1
School Counselling	1	1	3	2
Curriculum Development	1	1	3	3
School Management of Truancy	1	1	2	3
Conjoint Family Therapy	2	1	1	0

KEY: 0 = No exposure
1 = Superficial exposure
2 = Moderate exposure
3 = Marked exposure

N = Nurse
O.T. = Occupational Therapist
T.Sp. = Teachers in Special Settings
T.Or. = Teachers in Secondary Schools

Nurses and Occupational Therapists

Each student writes nine essays a year on themes determined by his tutor. He also undertakes book reviews, case presentations, child studies and research reports. In addition, he completes a project on a major theme, such as therapeutic play, or the organisation and administration of a residential unit.

Teachers

First, each student undertakes and presents a review of one of the books from an essential reading list. Second, he has to undertake the study of a child, possibly one at psychological risk, and he is broadly guided in this way by an outline provided by the tutor. His study needs to cover early development; health; family factors; school progress; ability and attainments; practical achievements and interests; current behaviour and social relationships; play and recreation; concepts of self; general psychological explanation of the disorder; and appropriate intervention based on a treatment hypothesis. Third, the student completes a description of a therapeutic experiment using one of the following techniques: Counselling of individuals or groups; Behaviour Modification in the classroom; Therapeutic use of drama, music or art; Remedial education; or any combination of these.

For all students the course includes case presentations from clinical staff, and a variety of educational visits and film material. The establishments usually visited are an assessment centre; a hospital for the mentally handicapped; day nurseries and nursery schools; a variety of special schools and units; community homes and family group homes. In addition, the nurses visit the homes and schools of patients in their care.

We have had to plan practical experience taking into consideration the needs of each discipline as well as the constraints of organisation and time that confront us. It is evident in a generic course that flexibility has to be the keynote.

Nurses

As this is a full-time, professional course, there are wide opportunities for acquiring diagnostic and therapeutic skills within a therapeutic milieu, and planning and implementing a treatment programme for individual children or groups of children. Every therapist in a residential setting needs a therapeutic framework and within this department the staff rely heavily on :

Principles of non-directive therapy; (Rogers, 1973). Principles of life-space interviewing; (Redl). Principles of operant conditioning; Principles of drug therapy in children.

A significant problem in the department is that, in order to maintain continuity of function effectively, one's theoretical knowledge

needs to be acquired early. Yet, since it takes time for the student to absorb such principles, his practice may not be in tune with his theory. Seminars and tutorials are particularly helpful in overcoming this dissonance, as well as catering for the supervisory needs of students who differ in their basic training or previous experience. It is essential to tailor practical experience on the course to suit these individual needs. For instance, some may have to unlearn techniques employed in custodial settings, while others may have already have experience in a therapeutic milieu.

Occupational Therapists

Study under the guidance and supervision of a senior occupational therapist takes place over a single year if the student is working within the University Unit. If from an external department, she is expected to be seconded to the course for a further year on a part-time basis for practical work to be completed.

This practical experience is not only designed to help the student to become proficient in the occupational therapist's specific contribution to psychodiagnostic assessment and therapy, but also to provide opportunities of working in a complementary fashion with a whole range of other disciplines. The diagnostic component consists of a description of the baseline of behaviour in individual and group settings, and the type and nature of play, whether solitary or shared with children or adults. Observations from projective approaches, possibly involving puppetry, doll's house play, drama, and forms of artistic expression, have valuable parts to play in suggesting what experience may underly maladaptive behaviour. The therapeutic component of the occupational therapist's work should be prescriptive in character, and the student gains experience in planning and implementing individual play therapy programmes or group activity therapy programmes; development play programmes for children with neurological and behavioural handicaps, and language and associated behaviour disorders, including autism; perceptual and body image training programmes; programmes to promote skills of socialization, creativity and self-expression; and graded work programmes which incorporate components specifically designed for adolescents to help them towards greater self-reliance and responsibility on their discharge. All such programmes have a potential for affording catharsis and interpretation, apart from their potential for channelling the energies of the child or adolescent into socially acceptable activities.

Teachers

Because the teachers attend for only one day per week from their own school settings, they experience very real constraints upon their time, and we have been guided by our own impressions, and by feedback from the students, in our efforts to ensure the appropriateness of the course to meet their practical needs. Our aim is to expose the student to the methods used in managing the behaviour of disturbed children undergoing treatment in a special school setting. This provides opportunities for them to learn more about the variety of disorders and their management in these settings. Such experience provides the main material for later seminar discussions, in which practice can be linked with theory, and in which consideration is given to alternative ways of managing disturbed children in ordinary school settings.

These original placements consisted of ten separate half-days spread over two terms, which we found too diffuse and fragmented. The current pattern substitutes four full days at weekly intervals before the second term of the course begins, i.e. Wednesdays in September. The first day is used for orientation; he is assigned to a member of the school's teaching staff and introduced to the basic methods used in handling disturbed children. He meets members of the various disciplines working there and is given access to the children's case history notes. On subsequent days he is given opportunities for working with a small group of children in a team-teaching situation. This includes experience in the expanded curriculum with educational, creative and recreational components.

Throughout his classroom activities, the student works under the guidance and supervision of the class teacher, in assessing each child's level of educational functioning, his strengths and weaknesses. He will also be learning to recognise significant features in the developmental level of the child's play and his degree of involvement. He is helped to speculate, in the light of the theory explored in lectures, upon the possible cause of atypical classroom behaviour, and to assess the interaction of the group. He is then required to develop a programme to meet the educational needs of the children in his group, and to devise group-learning situations so as to modify social interaction towards desirable goals. This is a form of prescriptive teaching which is more applicable in a special school because of the small size of the groups, nevertheless, such techniques have implications for the ordinary school.

The material derived from these placements provides a basis for successive seminars and discussion groups, particularly in the tutorial sessions where the tutors jointly review, and revise with the students, ideas about the psychological management of disturbed children.

All students discuss the operation of defence mechanisms and features of childhood psychiatric disorders which they may have observed. They are helped to speculate about the influence of family circumstances and patterns of care on the capacity of young children for socialization, for forming relations, and other salient topics.

Continuous Assessment

1. *Theory.* The student's work is assessed continuously throughout the year, the tutors taking into consideration his contribution and progress in discussions, seminars and written work.

2. *Practice.* We have much more opportunity for observation upon which to base practical assessments of the nurses and occupational therapists than of the teachers. In the hospital unit, senior nursing and occupational therapy staff are readily available for assessing and counselling their own students. The counselling of the teachers' practical work is, of necessity, restricted to their short period in a maladjusted, classroom setting. Detailed assessments are regularly completed for all disciplines, though greater weight is given to their performance in the second and third terms than in the first.

3. *Final Assessment*
   - i. *Oral Assessment.* Each student is assessed at interview which ranges widely over any subject contained under the following six broad headings:
     - i. Phenomena of psychological disorders of childhood;
     - ii. Psychological coping mechanisms;
     - iii. Origins of psychological problems in childhood;
     - iv. Varieties of therapy, e.g. life-space interviewing, behaviour modification, etc.;
     - v. Planning a treatment/management programme for a particular type of disturbance;
     - vi. Understanding of some concepts relevant to the management of children and their families in different settings, e.g. crisis intervention and institutionalisation.
   - ii. *Multiple Choice Questionnaire.*
   - iii. *Final Written Assessment.* Nurses and occupational therapists take three written papers of which there are five sections: Child development; Social and family factors in child psychiatry; Psychiatric disorders in childhood and adolescence; Organisation and administration of a child psychiatric unit; Therapy in child psychiatry.
   - iv. *Assessment Board.* Two separate boards, one for nurses and occupational therapists, and one for teachers, meet to determine the content of written papers and control standards of the course. Similarly, there are at present two external assessors, one a child psychiatrist and one a child psychologist. For the future it is envisaged that a senior member of the occupational therapy school recently established in the Region, will have oversight of the occupational therapy assessment.

Evaluations of the course by external assessors over the past 5 years have underlined repeatedly the enthusiasm and interest shown by the majority of our students, most of whom achieved a high level of insight into most of the psychological problems they are likely to face in classroom and hospital settings. Student opinion, as would be expected, is less homogeneous, reflecting the students' wide range of backgrounds and professions. Nevertheless, it continues to exhibit undoubted support for the value of a generic approach to a complex field of study which crosses professional boundaries.

Cohesion within the student groups has developed to a greater degree with each successive year, in ways which were more evident to external assessors than to the course tutors, and although the residue of professional reserve has never disappeared between the student groups, they have acquired confidence in each other. The opportunities which the course affords for the regular exchange of ideas and information about each other's roles and responsibilities, even if only on a single day a week for 30 weeks, has fostered the development of a significant level of appreciation and trust, which augers well for their future interprofessional liaisons. Indeed, some of the comments made by students two or three years after finishing the course, have been that they now know how and whom to pressurise in external agencies and how to enlist co-operation at all stages.

Approval of professional bodies was obtained for the course from its inception, but, whereas the requirements of JBCNS resulted in the nurses' diploma being considered as a career advancement, the BAOT only accepts it as part of the requirement towards its Fellowship for occupational therapists, and for teachers, although the DES recognises the course by including it in their Book of Long Courses, there appear to be neither financial rewards nor improved career or study prospects as a direct consequence of obtaining the Letter of Recognition. A survey of those who already have this document does show, however, that they feel it may have influenced to some extent the opinion of selection boards, for future courses and promotion, in their favour. It has definitely provided them with the basis for fruitful discussions when facing an appointments panel. This situation contrasts sharply with the North American scene, where credits can be gained by teachers for approved courses of study. Unfortunately, this is not likely to be altered in the United Kingdom at present.

The course organisers are continually balancing the format of the course in order to cater for a variety of professional needs. One further possible area of expansion might be the inclusion of workers from the allied profession of residential child care, a development which would create many new specific requirements in the matter

of supervision alone, but would fit in with the basic accepted generic content.

We believe that this form of post-qualification training, shared across a range of workers who are all concerned with the growth and welfare of children and young people, fosters not only the sharpening of professional expertise in the individual but also the heightening of his appreciation of the valuable contribution made by colleagues in related specialities.

We consider that this type of generic course, catering for multiple disciplines, could be mounted either in a university or polytechnic where there is sufficient local expertise and interest for training staff in the care of disturbed children. Such courses would vary quite considerably in their form and organisation depending upon the prevailing philosophy of child care, views of child management and therapy, and, of course, local needs. We hope that course organisers might find the themes outlined in this paper of value when establishing their own training programmes. We believe that, as services improve, it will become increasingly possible for such generic courses to be established in other centres throughout the country.

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Further information about the details of this course—omitted for lack of space—may be obtained from Professor Kolvin.

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Reviews

Some Mothers I Know: Living with Handicapped Children, Tom Wakefield, 93 pages, Routledge and Kegan Paul, 1978 Hardback, £3.95.

Any book whose sleeve notes state that it is 'unashamedly subjective', is bound to confuse a reviewer such as myself who is reviewing for a learned journal; a confusion borne out of the distinction between the so-called objective search for professional knowledge and the subjective internal world of me-as-a-person. This split between the professional and personal is one that Tom Wakefield is attempting to breach, and in which, for me, he succeeds. In his book the author does not provide us with facts or even full accounts of 'cases' that he shares with us, what he does provide, (very often between the lines) is his feelings of happiness, hopelessness, sadness, his sense of sharing through struggle with individuals who are coping with handicap. We are left knowing a small amount about different individuals' reactions to living with a handicapped child, but more than anything else we are left knowing what sort of person Tom Wakefield is, the nature of his caring and his philosophy of himself and his job.

The rather short book is compiled of four journalistic accounts (and very good journalism at that) of the author's contact as a teacher of the handicapped with four mothers of handicapped children, though only one is actually a child that is cared for by himself. The basic style is to have the mother's recount how they coped with the problems with their children; children who suffer with epilepsy, spinal curvature with an ESN classification, autism and schizophrenia.

We hear how some have to battle hard to receive a 'diagnosis' and then battle even harder to have the finality of diagnosis removed. We hear of the failures of the system fully to appreciate the feelings and needs of the parents. We are told of how families and staff have to cope with the poverty of facilities that are provided and how, in recent years, even these facilities have been cut back. We are reminded of the pain and helplessnss that face us, as parents and workers, in dealing with bureaucracy and unsympathetic dispensers of care; and the perplexity brought about by trying to cope with, and comprehend, handicap. We wonder at the resilience of human beings in coping with difficulties when all things seem against us.