

Supporting Children, Young People, Families and Services in an interagency context – The diversity of the ACAPTs role

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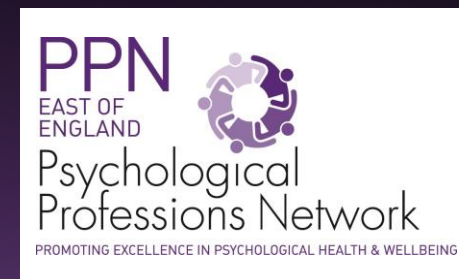
In fond memory of our colleague, Eve Grainger

Introducing: Child & Adolescent Psychotherapists (CAPTs)



- CAPT – a core CAMHS profession, in the NHS since 1949
- 5 training schools in England and Scotland (2 based in London)
- Since 1994, a fully funded 4 year NHS Clinical Training/Doctorate
- 2 ‘pre-clinical’ years - formerly “Infant Observation” now “Perinatal, Child, Adolescent and Family work : a psychoanalytic observational approach”, [intensive extended observation of infants and children in a natural setting, supported by group seminars]
- Since 2023 NHSE funding for pre-clinical course has been accessible to services (via ETAP funding allocation process)

For further information on CAPTs



www.childpsychotherapy.org.uk

A screenshot of the Association of Child Psychotherapists (ACP) website homepage. The page has a green header bar with the ACP logo on the left, which includes the text 'ACP Association of Child Psychotherapists'. On the right side of the header, there is a 'Login' link and a search box with the placeholder text 'Search' and a magnifying glass icon. Below the header is a horizontal navigation menu with the following items: 'About Us', 'For Families', 'For Professionals', 'News & Media', 'Training & Events', and 'ACP Register & Standards', each followed by a downward-pointing triangle. The main content area features a large, light blue background image of a young woman with dark hair, looking thoughtfully to the side. Overlaid on the right side of this image is a white text box containing the heading 'We Are The Association Of Child Psychotherapists' in bold black font. Below the heading is a paragraph of text: 'The ACP is the professional body and accredited register for Child and Adolescent Psychotherapists in the UK. We have been working to improve the mental health of infants, children, young people and families since 1949.' At the bottom right of the text box, there are two blue buttons with white text and right-pointing arrows: 'More about us' and 'Become an ACP Friend'.

How CAPTs contribute



- CAPTs - MDT members, often working with most complex cases
- assess and treat infants, children and young people (upto 26 yrs) with severe and complex mental health problems.
- expertise with non-verbal infants, children and young people who may present a challenge to other professionals
- work concurrently with families (trauma and unmourned losses), parents, carers and professional network
- provide consultation, training, supervision and leadership to other professionals working with children and young people with mental health difficulties
- preventative, targeted and specialist interventions, through evidence-based brief and longer-term / intensive work, shown to be cost-effective

The Challenges of EoE



- recruitment challenges - unfilled qualified (incl senior) posts despite high demand
- difficulties in recruiting and retaining a **local** CAPT workforce (including post qualification)
- disadvantaged area - lower salaries (no inner London weighting), expensive commuting to training schools and analysis
- centralised NHSE funding unintentionally resulting in uneven distribution of training placements between London based and out of London clinics
- limited access to in-region doctoral and pre-clinical trainings
- shortage of training child psychotherapists / analysts in the region to provide essential component of the training in child psychotherapists
- shortage of senior child psychotherapists to provide service supervision
- Impact of covid pandemic

ACAPTs – The South Beds solution



Using national NHSE pre-clinical grant funding + unfilled posts money = ACAPT

- band 4 and 5 CAMHS and CYP practitioners, as part of MDT
- skilled delivery (under supervision) – range of clinical, admin and research activities
- contribute to service priorities, address areas of pressure, free up scarce resources
- observational skills, understanding of child development, reflective practice experience
- preparative work for an evidence-based intervention (NICE recommended)
- moderate to severe depression in children and young people, depression unresponsive to combined treatment
- outreach work
- critical role in preventative work, preventing problems at a later point
- addressing needs of overlooked groups

Recruitment Processes



- Standard recruitment within CAMHS + support of ACP alerting pre-clinical course training providers of ACAPT opportunities in the East of England.
- 48 applicants across N and S Bedford – only 8 not suitable - not enrolled in pre-clinical courses
- Applicants - wide variety of skills and experience, most with an academic degree and some had a professional qualification
- Identification of local candidates keen to take up a post in the area
- Applicants did not apply for both posts (North Beds and South Beds)
- Two applicants appointed (one for the North started Sept'23 and one for the South started in June'23)

How posts were funded (Pilot 1 & Pilot 2)



- Job specifications drafted, specifically tailored to service need
- Pilot 1: Assistant Child Psychotherapist within '0-5' Service - HEE-CAMHS joint funding
- Pilot 2: 'Integrated CAMHS-Flying Start Children Centres' - Public Health funding
- Band 5 (0.6) Assistant Child Psychotherapy salary and contribution towards analytic fees and travel costs
- Time limited post (up to 2 years)
- Band 5 Assistant Child Psychotherapy posts compared with Band 6 Trainee Child Psychotherapist posts to ensure consistency and continuity between assistant and trainee roles.

Underlying Principles (CAPT & ACAPT)



- CYP with severe / long lasting MH difficulties
- Respond to situations / people in ways they don't understand and can't control
- Emotions can be extreme, often expressed in behaviours and problematic relationships
- Difficulties can extent to relationships with services and professionals
- Prevent CYPs from benefitting from care and opportunities available to them

- Tailored and age-appropriate approach, duration matches need
- Supporting the whole person, family or care unit
- Talking, drawing and playing
- Sleeper effect – benefit continues beyond treatment

Case Study 1



Asad (means Lion Symbol of Strength)

Born at 32 weeks gestation

Diagnosed with T21 / Downs' Syndrome

Family Context:

Asad's birth unplanned, unexpected prematurity

Mother stayed with baby at neonatal intensive care unit (NICU). Long stays and repeated admissions.

Early bonding interrupted by medical demands and ongoing worry.

Family of 5 at the time of birth, facing eviction, placed in temporary accommodation, financial hardship, frustration, emotional strain. Fear for Asad and his fragility

Exhaustion and feelings of helplessness for mother

ACAPT therapeutic role



- Offering a steady, thoughtful presence, holding the families emotional strain - not fixing or advising
- Skills from earlier psychoanalytic observational training – sit with emotional communication, notice what is expressed, don't rush to change
- Importance of containment when family is close to disengagement from CAMHs – need to feel held within a network, not left to manage alone
- Time spent alongside – moments of deep tenderness, supporting mother to recognise own sensitivity and strength
- Observing the emotional field becomes part of the therapeutic holding, developed through the psychoanalytic stance
- My presence – offering something steady during instability, aiding mother's emotional connection to Asad's small but meaningful developmental movements.

Emotional shift / meaning



- Video Interaction Guidance (VIG) introduced slowly and sensitively, a shared reflective space not a solution
- VIG: strength based brief intervention, supporting parents / carers. Highlighting / building on moments of connection in everyday interaction
- Shared video reviews – moment for parental reflection, where both most attuned
- Over time: “I can feel that he loves me and he can feel my love”
- Shift in experience of self as a mother and capacity to hold her infant in mind
- Understood through Bion’s idea of containment

- Highlighted how early holding (physical and emotional) forms basis of infant’s sense of safety and trust
- By observing, holding and thinking with the family, the ACAPT allows emotional connection to grow, a steady presence that facilitates growth.

Case Study 2



Lee

Male, 7 years old, Black British Caribbean.

Family Context:

Lee lives with his mother.

No contact with his biological Father

Step- Father passed away at the age of 2 years old.

Background of domestic violence, resulting in mother relocating to Luton, during COVID, away from family of origin

Excluded from nursery at 3 yrs, due to behaviour

Typically unable to access CAMHS until 5 yrs old, when formally excluded from education

CAMHS Involvement and Interventions



Psychological
Professions Week

- CAMHS Outreach - ACAPTs joined colleagues in incredible years (IY) parenting group run by Community Children's Centre / Family hub
- Mother helped to manage the young child's behaviour
- Parent – child home visits through VIG (Video Interaction Guidance)
- ACAPT school observations – identity concerns
- CAMHS feedback of school observation to parent and school
- School initiated individual educational plan and referral to Child Development Centre in order to initiate an EHCP.
- Diagnosed with ADHD (started medication) and ASC diagnosis put on hold.
- **'Special Time'** used as the key approach (weekly one to one sessions).

'Special Time'



- 'Special Time' is an intervention where clinician and child/YP meet once per week, at the same time each week in the same room. There is a box of toys/ materials that is kept by the clinician and brought to each session.
- The clinician pays close attention to the child and their play, gently wondering aloud, or perhaps engaging in a conversation the child brings to the session.
- 'Special Time' is psychoanalytic in it's thinking and frame.
- However, it is distinguished from psychotherapy as there are no transference interpretations made in the room with the patient.
- My personal experience is of 'Special Time' offered as an ongoing, open-ended intervention, but also in a block of three sessions, forming part of an assessment period.
- **The aim of 'Special Time'** is to offer the child the experience of being seen, heard and contained by a thoughtful, attentive mind and a consistent frame.

Outcomes



- ASC diagnosis is still on hold as insufficient evidence to substantiate
- goes to school and likes school, socially integrated, no concerns about exclusions or behavioural issues
- developed the capacity to enter the room and separate from his mother
- began to express feelings verbally and through play
- parent reports improved understanding of her child's emotional experiences
- parent less isolated and feels less persecuted by school
- consistent ACAPT involvement supported emotional communication in the family
- the ACAPT role allowed the CAPT to use their clinical time for more complex assessments while ensuring child and family still received meaningful and much needed relational support

Impact on the child:

- a thoughtful, consistent space enables feeling less alone and safe to explore painful feelings through play or words
- the clinician contains these emotions, with curiosity, without resorting to direct action or problem solving
- attention aims to capture the child's perspective and experience

Impact on child's carer:

- twice-termly reviews enable carer / parent to reflect on child's behaviour / communication resulting in more considered decision making and involving the parent more comprehensively in the formulation of the problem

Impact on fellow professionals:

- 'Special Time' allows ACAPTs to bring capacity to the team
- ACAPT facilitates access to the professional network, by providing observation and reflection on the child

Benefits of ACAPT pilot



- a timely response to increased pressures in local services with high clinical demand
- releasing qualified CAPT time for other responsibilities
- career opportunities for local CAPT workforce, otherwise unable to access expensive training
- a grounding experience in CAMHS, exposure to multi-agency and multi-disciplinary teams
- access to personal analysis or psycho-analytic psychotherapy as a training requirement (builds resilience through a space for personal development and thinking)
- model this comprehensive and developmental training model to other CAMHS disciplines

Outcomes from the pilot



- expansion of child psychotherapy workforce
- ACAPT creatively introduced into novel contexts
- increased number of local candidates accessing NHSE funded CAPT training
- workforce more representative of and matched to the needs of the local population
- Increased likelihood of retention
- fairer and more equitable distribution of national training resources
- an inviting offer, accessible, child and family focused
- meeting the young person and family where they are
- harnesses the resources within the individual and the family / system
- releasing the developmental potential of the young person
- benefits for the team or service – new workforce, making use of the experience in the team

Contribution of ACAPTs



- triaging, ROMS data collection
- initial assessments
- direct therapeutic work
- joint work across MDT
- limited counselling, brief therapy
- nursery and school observations
- early years assessment
- contribute to case understanding
- regular case reviews / discussion
- Co-participating in complex State of Mind assessments
- involved in CYP / CAMHS / Hubs strategic and operational design groups
- appropriate joint working and close liaison across agencies
- “Readiness for school” project using “Watch me play” model – manualised intervention.
- observation, facilitate parent – infant relationship (Luton PAIR Project)
- NICU Community Resource Hub trauma informed input, from hospital to community
 - good treatment outcomes
 - management support and commitment

How we can help you



A regional resource to support you in exploring and embracing the ACAPT role

- Navigating funding complexities
- Understanding the needs of ACAPTs and how best to support them
- Considering creative supervision arrangements
- Evaluating outcomes / benefits
- Promoting working across agencies / organisations

Thank you for listening