

**ST3-CAP-AOP-EPA1 – Family interview**

<b>Area of practice</b>	Child and adolescent psychiatry	<b>EPA identification</b>	ST3-CAP-AOP-EPA1	
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 10/04/15)	
The following EPA will be entrusted when your supervisor is confident that you can be trusted to perform the activity described at the required standard without more than distant (reactive) supervision. Your supervisor feels confident that you know when to ask for additional help and that you can be trusted to appropriately seek assistance in a timely manner.				
<b>Title</b>	<b><i>Independently conducts an initial family interview involving children and adolescents.</i></b>			
<b>Description</b> Maximum 150 words	<p>The trainee can conduct an initial family interview independently. The trainee:</p> <ul style="list-style-type: none"> <li>• demonstrates ability to be inclusive and engage with all members of the family</li> <li>• gathers all important and relevant information in a culturally and developmentally sensitive way</li> <li>• sensitively directs the course of the interview</li> <li>• communicates their initial hypotheses back to the family, taking account of the family’s values and beliefs</li> <li>• is able to propose and discuss the initial course of action with the family</li> <li>• applies the principles of prevention, promotion and early intervention to reduce the impact of mental illness</li> <li>• manages potentially disruptive family conflict within the interview.</li> </ul>			
<b>Fellowship competencies</b>	<b>ME</b>	1, 2, 3, 4	<b>HA</b>	2
	<b>COM</b>	1	<b>SCH</b>	
	<b>COL</b>	1, 2	<b>PROF</b>	1, 2
	<b>MAN</b>			
<b>Knowledge, skills and attitude required</b> The following lists are neither exhaustive nor prescriptive.	<p>Competence is demonstrated if the trainee has shown sufficient aspects of the knowledge, skills and attitude described below.</p> <p><b>Ability to apply an adequate knowledge base</b></p> <ul style="list-style-type: none"> <li>• Understands developmental needs of children present in the interview.</li> <li>• Aware of the importance of rapport with, and engagement of, families/carers.</li> <li>• Understands intrapersonal, interpersonal and systemic issues in patient care.</li> <li>• Understands family dynamics based on theoretical models.</li> </ul>			

	<p><b>Skills</b></p> <ul style="list-style-type: none"> <li>• Takes history sensitive to individual, family, social, cultural and developmental context.</li> <li>• Adapts interactions to the developmental stage and background of the child and family.</li> <li>• Uses culturally and developmentally appropriate verbal and non-verbal communication.</li> <li>• Encourages discussion, questions and interactions within the clinical encounter.</li> <li>• Elicits information from all family members and establishes and maintains an effective working alliance.</li> <li>• Integrates the information obtained into a shared hypothesis and communicates it to the family in an easily understood manner, encouraging feedback.</li> </ul> <p><b>Attitude</b></p> <ul style="list-style-type: none"> <li>• Demonstrates appropriate respect and empathy for all family.</li> </ul>
<b>Assessment method</b>	Progressively assessed across different age groups during individual and clinical supervision, including three appropriate WBAs.
<b>Suggested assessment method details</b>	<ul style="list-style-type: none"> <li>• Observed Clinical Activity (OCA).</li> <li>• Mini-Clinical Evaluation Exercise.</li> <li>• Case-based discussion.</li> <li>• Direct Observation of Procedural Skills (DOPS).</li> </ul>
<b>References</b>	

COL, Collaborator; COM, Communicator; HA, Health Advocate; MAN, Manager; ME, Medical Expert; PROF, Professional; SCH, Scholar