

Ability to undertake a comprehensive assessment of personality disorder

This section should be read in conjunction with the other areas of assessment included in the personality disorders framework (risk assessment and management, and assessing the person's functioning in multiple systems)

Knowledge of diagnostic criteria for personality disorder

An ability to draw on knowledge that the diagnostic criteria for personality disorder include enduring difficulties in areas such as:

ways of perceiving and interpreting self, other people and events
the range, intensity, lability, and appropriateness of emotional responses
interpersonal and social functioning
impulse control

An ability to draw on knowledge that (to meet diagnostic criteria) the client's difficulties should:

be long-standing (i.e. present from adolescence or early adulthood) and pervasive
be pervasive (i.e. apparent across a broad range of personal and social situations)
lead to significant distress or impairment in social, occupational or other important areas of functioning

An ability to draw on knowledge of the classificatory systems for personality disorder in DSM and ICD*

An ability to draw on knowledge of the limitations of diagnostic (categorical) classificatory systems for personality disorder

An ability to draw on knowledge that treatment planning should be formulation driven and focus on specific clusters of behaviours or symptoms rather than a diagnostic category

* diagnostic criteria for personality disorder are detailed in the relevant section of this framework

Engaging the client in the assessment process

An ability to draw on knowledge that the process of assessment needs to be responsive to any process issues that threaten the integrity of the assessment e.g.: where there is evidence that:

the client has negative expectations base on prior experiences with the mental health system
the client perceives the clinician as an authority figure who is judging them
the client expects the therapist to fail them

An ability to monitor and address any process issues that arise (e.g. identifying and addressing the client's anger or suspicion)

An ability to convey a sense that assessment is a collaborative process, for example by:

ensuring that the structure of the interview is appropriately flexible, and is responsive to emerging content and concerns
actively sharing a developing sense of understanding with the client, and inviting their reaction and comment

Ability to conduct a comprehensive assessment

An ability to draw on knowledge that a comprehensive assessment should usually employ a range of methods (including clinical interview, standardised instruments and clinical records) in order to gain a clear picture of the nature and long-term history of the client's problems	
	an ability to draw on knowledge of standardised measures that can contribute to the assessment process (e.g. instruments oriented towards diagnosis, or to the assessment of personality traits)
	an ability to draw on knowledge of the importance of attending to the client's history as well as their current presentation (e.g. noting where their current presentation is at odds with their history)
An ability to draw on knowledge that the process of an interview will often be a helpful guide to the interpersonal issues with which the client is contending (and that the process of an assessment may be as informative as its content, especially where this is conducted over an extended period of time)	
An ability to gain an overview of the client's present life situation and past history, including:	
	current presenting problems
	specific stressors relevant to their presentation
	any past history of mental health difficulties, the help the client has received to manage these, and the client's experience of this help
	developmental history (including any childhood sexual or physical abuse or neglect, significant losses or separations, exposure to trauma)
	the client's coping mechanisms (e.g. their capacity to tolerate stress) and usual level of functioning
	the client's belief system and the ways in which they construe and interpret their world
	the client's capacity for introspection and self-objectivity (e.g. for reflective functioning and mentalisation)
An ability to gain an overview of the client's interpersonal functioning, including:	
	family and social history
	current interpersonal functioning, including social support available to the client
	the quality of any current or past relationships with current and past significant others
	the impact of current difficulties on the client's social and personal network
An ability to gain an overview of the client's occupational history (including their perception of any problems in engaging with or sustaining meaningful occupation)	
An ability to assess and to respond to indicators of risk of suicide*	
An ability to assess and to respond to indicators of risk of harm to others*	

* risk assessment competences are detailed separately in the relevant section of this competence framework

Ability to assess common features of personality disorder

An ability to assess and identify common features of personality disorder, e.g.:	
	the extent to which the client can differentiate their own feelings and needs from those of others, e.g.:
	having an unstable sense of self that is very dependent on the context/individuals with whom they are interacting
	having either a poorly defined sense of the motivations of others or very fixed beliefs about these
	having an extreme sense of their own resources (either having a sense of inner emptiness or of particular specialness)
	having a sense of entitlement that overrides the needs of others

the extent to which the client has an integrated sense of themselves e.g.:	having difficulty maintaining a sense of continuity with the past, or overwhelmed with a sense of the vividness of the past in the present
	fragmentary, inconsistent or contradictory images or feelings about the self
the extent to which (as a consequence of an unstable sense of self) the client experiences themselves, e.g.:	as flawed, inauthentic or unreal
	as finding it difficult to understand others, or how to relate to others
the extent to which the client experiences themselves as having a lack of autonomy and agency e.g.:	feeling that their actions are pointless
	experiencing a lack of control over their lives and over events
	finding it difficult to set and achieve goals
the extent to which the client has difficulties with impulse control e.g.:	difficulty in planning
	seeking out high levels of stimulation (that may involve risk taking)
	finding it hard to delay gratification
	being insensitive to the consequences of action
the extent to which the client has difficulty forming stable and rewarding interpersonal relationships e.g.:	having a history of difficulty forming attachments to others
	having difficult functioning adaptively and mutually when in an attachment relationship
	being solitary and spending most time alone
	having an unstable sense of others, such that feelings towards them change rapidly and frequently
the extent to which the client has problems functioning in society e.g.:	rarely showing co-operative behaviour, or behaving altruistically
	taking advantage of others without a sense of guilt

Ability to identify coexisting difficulties

An ability to identify the presence and significance of commonly co-occurring psychological problems in individuals with personality disorder e.g.:	depression
	hypomania
	anxiety
	alcohol and substance misuse
	eating disorders
	trauma
	transient quasi-psychotic features, such as confusion, difficulty thinking, processing information or mildly delusional paranoid thoughts,
	addictive behaviours, (e.g. gambling, or compulsive sexual behaviour)
An ability to gauge the prominence of any coexisting Axis 1 disorders and its implications for treatment planning, e.g.:	the Axis 1 presentation needs to be addressed before proceeding with an intervention for personality disorder
	both Axis 1 and Axis II presentations should be addressed as part of an integrated intervention
	the main focus should be management of the Axis 1 presentation, modifying a standardised intervention where necessary to account for issues related to the personality disorder

Ability to discuss the outcome of the assessment with the client

An ability to discuss the diagnosis of personality disorder with the client in a manner which engenders hope (through indicating the possibility of change) and which, by linking the diagnosis to examples from the client's life:

demonstrates an understanding of the subjective distress experienced by the client and the client's perspective on the issues

brings a coherence to their symptoms and disparate experiences (e.g. by linking examples from their own experience and history to impulsivity, emotional dysregulation, interpersonal relationships and paranoid sensitivity)

clearly sets out that the diagnosis does not apply to all aspects of the client's personality

helps the client to reflect on the relevance of, and their reactions to, the diagnosis

An ability to assess and respond to the client's attitude about, and motivation, for therapy

An ability to refer the client for adjunctive or alternative interventions that may be appropriate (e.g. crisis teams or specialist mental health services)

Ability to assess the client's functioning within multiple systems

Assessment competencies are not a 'stand alone' description of competencies, and should be read as part of the competency framework for individuals with personality disorder.

Effective delivery of assessment competencies depends critically on their integration with the knowledge and skills set out in the core competency and

The competences set out in this section describe the assessment of the multiple "systems" within which clients (and all of us) live and operate. An understanding of systems pertinent to the client is relevant to clinicians from all therapeutic backgrounds, not just those who are practising using a formal model of Systemic Therapy.

A substantial body of systemic theory and research informs the practice of more specialised family therapy assessments and interventions. These are described elsewhere in the framework for Clinical Psychology (available at

Knowledge of the relevance of systems and the basic principles of social constructionism

An ability to draw on knowledge that it is important to take the "systems" in which the client is located into account in order to aid an understanding their psychological problems and emotional distress

An ability to draw on knowledge that the patterns of relationships within systems may play a significant role in shaping and maintaining psychological problems

An ability to draw on knowledge of the basic principles of social constructionism:

that people understand themselves and the world around them through a process of social construction

that meaning is generated through social interactions, and the language used in different social interactions

that power relationships (e.g. an individual's position in a system) and different cultural contexts (such as gender, religion, age, ethnicity) have an important influence of the development of meaning, relationships, feelings and behaviour

Assessment

An ability to draw on knowledge that the multiple contexts in which the client is located need to be considered taken in any assessment, and that these could include:
significant relationships (e.g. partner, family, close friends peer group)
school or college
place of employment
social and community settings
professional network(s) involved with the client
the client's cultural setting
the client's socio-political environment
an ability to draw on knowledge that these different contexts are connected and are likely to interact
An ability to draw on knowledge of the contexts/environments of which the client is a part and which may be relevant to their presentation (e.g. the beliefs and practices of their family, or the beliefs associated with their faith community).

An ability to engage with, and gather information from, significant members of the systems relevant to the client, including for example:
the client's partner and family
non-professionals who have an active role in caring for the client
other professionals (including other team members, referring agencies, and services involved with the client)
An ability (in conjunction with the client and members of relevant 'systems') to identify:
perceived problem areas and the beliefs concerning them
the potential strengths of the client (and the wider system) which may support therapeutic change
the solutions that have been tried or have been considered
the achievements in the client's life
An ability to draw on knowledge that different members of the system will describe the client differently, as:
there are always multiple perspectives and descriptions of any interaction/relationship.
the client's behaviour is influenced by the different set of contextual factors present in each setting.

Risk assessment and risk management

Assessment of clinical risk

In the context of conducting a comprehensive assessment, an ability to carry out an in-depth structured risk assessment which combines information from clinical interviews, measures, observations and other agencies, comprising:	
	the development of a good working alliance with the client, and relevant members of their network (e.g. their partner, family or professional carers).
	a systematic assessment of the demographic, psychological, social and historical factors known to be risk factors for self-harm, self-neglect harm to others or harm to self
	an ability to identify the client and relevant other's views in relation to risk, including their view of possible trigger factors to harmful events, and ideas about interventions or changes in their environment that might be helpful in reducing the risk of future harm
	an ability to consider how the client's state of mind may affect their perception, understanding and behaviours in relation to risk
	an ability to identify the extent to which others living with or involved with the client's care are able to assess and manage risks.
An ability to integrate a risk assessment with any prior knowledge of the individual client and their carers/ family and their social context, including their strengths and any resilience factors	
An ability to conduct a risk assessment to gauge:	
	how likely it is that a harmful/negative event will occur
	the types of harmful/negative events
	how soon a harmful/negative event is expected to occur.
	how severe the outcome will be if the harmful/negative event does occur.
An ability to monitor and assess risk in relation to clients whose presentation and mental state can vary markedly from day to day	
An ability to monitor and assess risk in clients whose presentation is extreme/ challenging (e.g. presenting with extreme moods states, or with high levels of aggression	

Ability to develop a risk management plan

An ability to develop a risk formulation which estimates the risk of harm by:	
	identifying factors which are likely to increase risk (including predisposing, perpetuating and precipitating factors)
	identifying factors which are likely to decrease risk (i.e. protective factors)
An ability to create a risk management plan, in collaboration with the client and others who will be relevant to its enactment, and which:	
	is closely linked to the risk formulation.
	takes into account the views of the client and relevant others.
	identifies the actions to be taken by the client, relevant others and relevant services, should there be an acute increase in risk factors
	explicitly weighs up the potential benefits and harms of choosing one action or intervention over another.
	details interventions or supports that reduce or eliminate risk factors for the harmful/negative event(s).
	details interventions or supports that encourage the strengths and resilience factors within the client and their support system.
	manages any tensions arising from restrictions the plan might place on the

autonomy of the client

An ability to identify when it is appropriate to employ interventions that involve an element of risk (e.g. where allowing scope for client autonomy results in increased adherence to the risk plan, and this potential positive benefit is judged to outweigh the risk).
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An ability to use the risk formulation to judge whether and when to schedule a reassessment with the client and relevant others.
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An ability to communicate the risk management plan to clients and relevant others , including information on the potential benefits and risks of a decision, and the reasons for a particular plan.

Equality and Diversity

An ability to consider whether any assumptions or stereotypes about particular demographic groups (rather than knowledge of researched risk factors) lead to underestimation or over-estimation of actual risk.

Interagency working

An ability to collaborate with all potentially relevant agencies when undertaking a risk assessment

An ability to ensure that there is timely communication with all agencies involved in the case, both verbally and in writing.

An ability to communicate the risk management plan to other agencies including information on the potential benefits and risks of a decision, and the reasons for a particular plan.
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An ability to maintain a clear and detailed record of assessments and of decisions regarding plans for managing risk, in line with local protocols for recording clinical information

an ability to identify and record the actions individuals within each agency will be undertaking
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An ability to escalate concerns (within own or other agencies) when the implementation of the risk management plan is problematic.
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An ability to refer to, and to work with, more specialised agencies (e.g. inpatient units or forensic teams) in line with local referral protocols.

Ability to seek advice and supervision

An ability to recognise the limits of one's own expertise and to seek advice from appropriate individuals e.g.:

supervisors and/or other members of the clinical team.
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specialist forensic teams (e.g. where there are threat of serious violence).
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specialist self-harm teams

Caldicott Guardian (regarding complex confidentiality issues).
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social workers (e.g. where there are possible child protection issues)
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