

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)