Generic Structured Clinical Care for individuals with Personality Disorders

This section describes the knowledge and skills required to carry out generic structured clinical care with adult clients who have a diagnosis of borderline personality disorder. Structured clinical care can be conducted with individual clients, or with groups of clients, and usually involves liaison with and across services and teams

This section builds on the core, generic and assessment competences described in this framework, and needs to be read in conjunction with these domains.

Although it can be offered as a stand-alone intervention, generic structured care is not a direct alternative to specific psychological interventions. It will be for services to decide the criteria for allocation to one or another pathway, but generic structured care may be particularly suitable for clients who are unwilling or unable to commit to the structure and intensity that characterises specific psychological interventions.

Sources

Bateman, A., Fonagy, P. Bolton, R. & Karas, E. (2009) *Structured Clinical Management for Borderline Personality Disorde*r.

Bateman, A., & Krawitz, R. (2012) *Borderline Personality Disorder: an evidence-based guide for generalist mental health professionals* Oxford: OUP

Knowledge of personality disorder

An ability to draw on knowledge of personality disorders in adults, including:
incidence and prevalence within the adult population
the symptoms and course of personality disorders
diagnostic criteria for all personality disorders
common coexisting presentations (such as anxiety disorders, depression, eating disorders, and alcohol and substance misuse)
the relevance of attachment issues to the development and maintenance of personality disorders
the biological, psychological, family and social factors that (in combination) are relevant to the development and maintenance of personality disorders

An ability to draw on knowledge of common challenges for people with borderline personality disorder:
emotional dysregulation (the experience of powerful and overwhelming emotions that are difficult for the individual to control)
an unstable sense of self, leading to difficulties in developing and maintaining relationships
impulsivity (including sensation seeking, risk taking and the inability to delay gratification)
instability in relationships:
hypersensitivity to rejection
extreme interpersonal sensitivity (often feeling misunderstood or devalued and becoming detached or withdrawn in response)

Knowledge of the value and content of structured care

An ability to draw on knowledge that structure is a critical feature in the effective care and treatment for people with personality disorder
An ability to draw on knowledge that "structure" refers to the maintenance of:
clear roles and responsibilities for all staff
clear boundaries (collaborative and explicit agreements about what can be expected from the service and what is expected from the client)
a coherent, coordinated, consistent and reliable approach to all aspects of care

An ability to draw on knowledge that the usual content of structured care includes:
assessment and risk assessment*
identification of a formulation
identification of a problem list
work on areas of functioning/ issues identified in the problem list e.g.:
emotional regulation
impulse control
interpersonal sensitivity
management of low mood
management of self-harm
An ability to draw on knowledge that structured care usually involves liaison within and across services and teams

* competences relevant to the assessment and management of risk are identified in the relevant section of this framework

Assessment

An ability to conduct a comprehensive assessment:
across multiple domains (including cognitive, affective, behavioural, somatic).
involving partners, relatives or friends (if available and with the client's consent)
using a range of methods in order to gain a clear picture of the nature and long-term history of the client's difficulties and their resources (including clinical interview, self-report instruments and clinical records)
An ability to gain an overview of the client's current life situation, any specific stressors and the social support and resources available to them
An ability to elicit information to gain an overview of the client's past history and present life situation by helping the client:
translate vague or abstract complaints into more concrete and discrete problems
identify and generate a problem list
gain an overview of their coping mechanisms (e.g. stress tolerance, level of functioning and capacity for introspection and self-refection)
An ability to identify the presence and significance of co-occurring personality disorders and other mental health problems (including anxiety, depression, eating disorders and alcohol and substance misuse), and:
to identify whether co-occurring problems need to be addressed before proceeding with an intervention for personality disorder (e.g. alcohol dependence, or acute psychiatric disturbance)
where appropriate, to refer (and support access to) specialist services for co-occurring problems
An ability to identify the presence and significance of problems resulting from childhood sexual or physical abuse or neglect

An ability to assess and respond to the client's attitude about, and motivation for, treatment including:	
	what the client expects from treatment, the risks of treatment and the consequences of not engaging in treatment
	recognising where ambivalence about treatment is a consequence of previous engagement with services.
	helping the client to consider the costs and benefits of their engaging in treatment (e.g. their perceptions of costs and benefits of reducing episodes of self-harm)
An ability to gauge the client's level of literacy in order to guide the selection of any written materials used to support the therapeutic process (e.g. self-help materials)	
An ability to assess the client's functioning in relation to common personality traits including:	
	impulsivity (e.g. the extent of sensation seeking, the degree to which actions are planned and the client's ability to delay gratification and be mindful to the likely consequences of their behaviour)
	emotional dysregulation, with a focus on unhelpful behaviour related to strong and overwhelming emotion
	interpersonal relationships (with a focus on any patterns of unstable relationships)
	interpersonal sensitivity (with a focus on the client's perceptions of others and the ways in which this shapes their self-evaluation and behaviour (e.g. leading to distrust or withdrawal)

An ability to discuss the diagnosis of personality disorder with the client in a manner which engenders hope for 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
	brings a coherence to their symptoms and disparate experiences (e.g. by linking examples related to impulsivity, emotional dysregulation, interpersonal relationships and interpersonal sensitivity)
	makes clear that the diagnosis does not apply to all aspects of the client's personality
	encourages the client to reflect on the relevance of the clinician's explanation for themselves and their problems

Risk assessment and management

An ability to undertake a comprehensive risk assessment including:		
the client's history of past and present risk behaviours		
factors that have contributed to increased risk (e.g. substance misuse)		
factors that decrease risk (e.g. personal support and coping strategies)		
An ability to undertake an assessment of suicide risk including:		
an ability to distinguish between an immediate risk and long-term (background) risk of suicide		
	an ability to assess a person's mental capacity to understand and manage the risk presented by suicidal thoughts and behaviour and:	
		to assess the impact of comorbid disorders of the person's capacity
		to seek advice from colleagues when making such an assessment
An ability to assess and to respond to indicators of risk of harm to others		

Ability to develop a formulation

An ability to work collaboratively with the client to develop a descriptive account which links motivational factors, problem profiles (e.g. impulsivity, interpersonal sensitivity, emotional dysregulation) and interpersonal problems to a treatment plan

An ability to ensure that the formulation identifies:	
	the problems that the client considers to be the most distressing
	the ways the client currently copes with these problems (including both helpful and unhelpful responses)
	the problems which are most amenable to intervention
	personal, social and environmental stressors which may affect the course of treatment
	factors which might impact on engagement (e.g. motivational factors, or practical issue such as child care)
	the client's appraisal of the benefits and disadvantages of engaging in treatment

An ability to work with the client to agree priorities for the intervention by;	
	developing a set of discrete, defined targets which are listed in order of priority
	focusing the work on the key problem areas associated with difficulties in interpersonal relationships in borderline personality disorder of (impulsivity, emotional dysregulation and interpersonal sensitivity)
	identifying (and being open about) any areas of disagreement regarding potential targets for intervention , and recording these in writing

Ability to discuss the content of the intervention with the client

An ability to present (and discuss with the client) a clear and comprehensive account of the content and style of the proposed intervention that is understandable to the client and that sets out:	
	the support being offered (i.e. the focus on problem solving, the management of emotional states and help with relationships).
	a commitment to working collaboratively with the client in order to explore their difficulties (e.g. recognising that at the start of an intervention no-one has the "answers" to all the identified problems).
	a commitment (where possible, and with the agreement of the client) to keep family, partners and others informed of treatment aims and progress

An ability to provide a rationale for the use of practice assignments (that these are a way of trying out ideas and practising new skills in their normal environment).

Developing a plan of care

An ability to undertake the role of key-worker /case manager and to coordinate care in line with the policies and procedures set out in the Care Programme Approach including:	
	coordination of regular review meetings
	ensuring effective communication of the outcome of review meetings
	organising review meetings
	scheduling out-patient appointments
	maintaining up-to-date records (and ensuring that these reflect the current care plan)

An ability to develop an intervention which includes the following elements:	
	involving the client's, families and relevant carers and professionals in the development of a care plan
	documenting the client's views regarding their needs for services as well as the views of their families and carers, along with any disagreement between the two about these needs
	a problem-focused approach to care

clear and unambiguous information for the client regarding the intervention plan, appointment times, and access to services (including crisis services, housing and social care services and self-referral agencies)
clear and comprehensive plans for collaboration between all professionals involved in the care plan
regular care planning and coordination meetings
regular communication with all professionals involved in the care plan
minimisation of staff changes involved in the care plan
prompt integration into the existing care plan of any professionals or agencies who become involved with the intervention at a later stage

An ability to ensure that the care plan specifies the responsibilities of both the clinician and the client, e.g.
clinicians are responsible for:
providing information to the client and other involved in the care plan on all interventions (including crisis plans)
coordinating interventions across different professionals and agencies (including where necessary hospital admission)
supporting and documenting active client and carer involvement
clients are responsible for:
attending appointments, and attending on time
being open and honest in treatment
addressing agreed target areas
engaging with the crisis plan and attempting to stay alive and avoid self-harm

Therapeutic stance

An ability to maintain a therapeutic stance that:
is characterised by patience, compassion, and sensitivity
maintains a focus on hope (in the face of the client's subjective experience of adversity)
maintains a consistently "inquisitive" stance in relation to the client

An ability for the therapist to maintain an authentic and open therapeutic stance, for example by:
reflecting on their own mental state and actions (including non-verbal behaviours) and the impact that this may have on clients
accepting that they won't always be able to comprehend the client's subjective experience, and being open and honest about this
acknowledging and "owning" errors made during the course of the intervention

An ability to validate the client's experience and behaviour as being understandable in the context in which it arises, and to:
employ validating strategies throughout the intervention (particularly early in the intervention and at times of crisis)
balance demands for the client to change with validation of the client as they are (so as ensure that change-oriented interventions are not perceived as invalidating by the client)

An ability to foster the client's sense of self-efficacy, for example by:
refraining from taking a 'knowing' stance (e.g. by providing solutions to the client's problems or offering "interpretations' of their behaviour)
reinforcing examples of the client's positive coping skills
helping clients to increase their problem-solving skills

Therapeutic role

An ability to draw on knowledge that in Generic Structured Care the therapist acts as a case manager, and advocates on the client's behalf by:
working in a multi-disciplinary team to deliver structured care
helping clients plan how to deal with their problems in effective practical manner
providing advice about their rights and the organisational structures with whom they are negotiating (e.g. housing, benefits)
helping them arrange appointments with other services and prepare for meetings with these services
making links with others involved in the client's care (e.g. significant others, legal services and other parts of the healthcare system)

Ability to develop a therapeutic alliance

An ability to draw on the knowledge that because the quality of the alliance is likely to vary markedly throughout the intervention the state of the alliance should be monitored throughout the treatment
An ability to develop an initial alliance by showing an active interest in the client's life circumstances, interests and strengths, and by;
ensuring the client is clear about the rationale for the intervention being offered
adopting an active approach throughout treatment and remaining flexible, respectful, open and interested in the client
answering questions about the intervention in a straightforward manner and responding to concerns in an open and non-defensive manner
showing an understanding of the impact that any previous problematic contacts with services may have on the client's presentation
An ability to maintain the alliance by responding to negative events in the course of treatment and using such events to:
revisit the rationale for treatment
seek out and clarify any misunderstandings about treatment
refocus on the tasks and goals which are seen as relevant to the client

An ability to employ active listening techniques including:
listening attentively
encourage reflection and exploration by using open questions
clarifying and summarising the content of sessions regularly throughout a session
An ability to maintain positive regard by adopting a warm and responsive non-judgemental approach

Specific interventions

An ability to draw on the assessment and formulation in order to determine the order in which areas of difficulty should be addressed

Problem solving

An ability to work jointly with the client to implement problem solving by:	
	identifying discrete problems in areas especially relevant to personality disorder (i.e. tolerance of emotions, mood regulation, impulse control, self-harm and sensitivity and interpersonal problems)
	following a structured approach to problem–solving by:
	identifying and specifying the problems the client wishes to work on
	agree which problems to prioritise
	"brainstorming" possible solutions
	helping the client to assess the pros and cons of possible solutions
	helping the client to consider how to implement solutions
	reviewing the success of solutions in subsequent meetings
	re-visiting solutions to see if they can be improved
An ability to provide direction for clients but also to ensure that solutions to problems are developed jointly with the client	

Ability to helping clients articulate and manage emotions

An ability to use structured exercises and role play to help the client identify, articulate (and label) emotions:	
	role playing situations that evoke feelings
	'chain analysis' (to help identify links between events and the feelings evoked)
	encouraging the accurate identification and labelling of emotion
	encouraging a capacity to reflect on, rather than react to, emotions
An ability to help clients increase their capacity to tolerate emotions through:	
	providing psychoeducation, including the fact that the capacity to tolerate emotions is influenced by the reactions of others to expressions of emotions (e.g. consistent disconfirmation leading to the inhibition of feelings):
	discussing the difference between primary emotions (feelings which emerge in direct response to a situation) and secondary emotions (reactions to the primary emotions (e.g. feeling angry about being hurt or shame about feeling anxious)
	recognising basic emotions related to survival (e.g. exploration/curiosity, aggression and social emotions such as guilt and shame)
	focusing on both positive and negative emotions
	increasing the client's capacity to tolerate emotions by validating the strength of feeling and distress experienced when they become emotional

An ability to help the client use techniques that help them to limit or better manage their immediate response to emotions including:	
	muscular relaxation, breathing techniques and meditation and yoga techniques
	distraction techniques
	identifying cognitive triggers (automatic thoughts) that link to feelings, for example by using a daily thought record

An ability to help a client increase their capacity to regulate low mood, for example by:
identifying the relationship between periods low mood and difficulties in interpersonal relationships
using chain analysis to help understand the development of the low mood

An ability to help a client increase their capacity to control impulsive behaviour by:	
offering psychoeducation on the management of impulse control problems: ,	
	drawing attention to the consequences of focusing on emotions (leading to action without reflection and lack of premeditation and planning)
	identifying the importance of decreasing the attention paid to thoughts and emotions
working with the client to identify examples of impulse-control problems they have experienced	
considering the development of impulse control problems stage by stage, and working with the client to identify alternative problem-solving strategies that could be implemented at each point in the sequence	

Managing interpersonal relationships

An ability to help a client increase their capacity to engage in and develop more stable and rewarding relationships through:	
psychoeducation that includes discussion of the links between interpersonal sensitivity and problems in the client's relationships	
helping the client review problems in relationships by using role play and discussion to reflect on the perspectives of others with whom they are interacting (e.g. on their internal experience and/or the meaning and purpose of their external behaviour), to:	
	increase the client's capacity to be aware of another's internal emotional or cognitive state
	reduce the client's sensitivity to external cues (such as facial expression or body language)

Managing self-harm

An ability to draw on knowledge of the incidence, nature and function of self-harm in personality disorder to help develop care and treatment for the individual client	
An ability to identify factors which are associated with an increased risk of self-harm, (e.g. relationship problems, rejection, bullying, low mood, or drug or alcohol abuse),	
An ability to hold in mind that all instances of self-harm should be taken seriously, and an ability to transmit this concern to the client	
An ability to support the client's use of a range of self–help strategies which may reduce the likelihood of episodes of self-harm including:	
	seeking support (e.g. from family friends, or from help-lines)
	using distraction techniques
	using relaxation techniques
	writing about the experiences of self-harm
	focusing on positive aspects of the client's own life
An ability to support clients who find it difficult (or do not want) to stop self-harming by discussing options for reducing the frequency and/or severity of their self-harm e.g.::	
	using the opportunity provided by any reduction in self-harm to help them re-assess their decision not to stop self-harming
	helping clients use self-assessment questions to assess the current drive to self-harm (e.g. identifying alternative ways to reduce distress, willingness to tolerate distressing feelings)

using simple structured assessments to assess the risk of self-harm, (e.g. on a 0-5 scale)
identifying "external" support for stopping self-harming

Where working with groups an ability to facilitate discussion of self-harm and to use the resources of the group to understand the reasons for self-harm and help clients develop alternative strategies

Managing crises

An ability to work with the client (and where appropriate family and friends) to develop a crisis plan which is based on the assessment and understanding of:
the early warnings signs of a crisis (usually based on assessment of at least three previous crises)
behavioural, cognitive and emotional factors that render the client vulnerable to lose control and go into crisis
the means by which the client regains control (including reactive and proactive strategies, such as distraction and seeking help from others)
the response of others to the crises (including family and friends)

An ability to implement specific techniques to help develop and implement a crisis plan e.g:.
asking clients to use the 'risk escalator' to rate their crises on a scale from 0 (in control) to 4 (out of control) in order to take some responsibility for assessing the crisis and determining what action is needed to manage it
using clarification techniques (such as careful questioning) in order to 'rewind' the development of previous crises and help the client identify specific triggers, the impact these have on their state of mind. and the responses that follow

An ability to work with the client to identify (and agree) what can and cannot be expected for those participating in the plan, including:
what self-help strategies can be used by the client during a crisis (such as distraction, and support from family and friends)
what might be expected of family and friends (e.g. offering additional support or avoiding confrontation)
what might be expected of emergency services (e.g. use of crisis centres or hospital admission)
determining whether changes to medication regimens should be undertaken during a crisis, and if so identifying what changes
providing information about the nature and extent of the risk and their role in the crisis plan   to senior colleagues, family and friends and others involved in the clients' care

An ability to identify the limits of additional support available in a crisis e.g.:
increased telephone support
a brief (up to 20 minute) meeting

Stabilising medication

An ability to ensure that psychiatric assessments and medication reviews are integrated into the overall care plan to ensure:
effective communication about medication with the client and the prescriber
that protocols and guidelines for prescribing and review of medication are followed
that poly-pharmacy is reduced to a minimum and (if at all possible) changes in medication are avoided at times of crisis

Ending the intervention

An ability to help the client end therapy by:
recognising that clients with personality disorder may be particularly sensitive to the finite nature of therapy because of their life-long experiences of rejection
addressing the client's concerns about termination by discussing the issue early in treatment
negotiating a clear ending date
building up community resources and contacts to extend the client's opportunities to meet other in a relatively supportive but less intensive environment
providing a written summary of treatment sessions as an aide memoire for the future