

Metacompetences

Therapist stance

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| An ability to maintain a stance that is consistently collaborative and flexible |
| An ability to take into account, anticipate and to manage any tensions between the parallel frameworks and perspectives that are relevant to practice (e.g. medical, psychological as well as service user perspectives) |
| An ability to practise in a manner that is congruent with the current evidence base, and to use clinical judgment to decide: |
| when and how to integrate emerging evidence with current practice |
| whether, when and how to work beyond the evidence base |

Engagement

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| An ability to balance the instillation of hope that change is possible and that interventions will be helpful against the need to convey a sense of realism regarding the likely challenges of therapy |
| an ability to balance hope for recovery against recognition that improvements may be focal and that some difficulties may remain |
| An ability to judge whether and how best to explore indirect but challenging expressions of ambivalence regarding the value of therapy (such as hostility or unresponsiveness) |
| An ability to judge whether and how to persevere when engagement is threatened by factors characteristic of personality disorder (e.g. rapidly changeable states of mind or strong expressions of affect) |

Assessment

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| An ability to balance the benefits of a thorough assessment against the benefits of initiating interventions, and to judge: |
| when assessment has been optimal and sufficient, even if incomplete in some areas |
| when the assessment has identified sufficient understanding for an intervention to proceed (and where more assessment information is required before an intervention can be carried out safely) |
| An ability to adopt a flexible and responsive approach to assessment that balances the need to obtain information against: |
| the client's readiness and willingness to share this with the therapist |
| an estimation of the client's capacity to reveal information when they have had only limited opportunities to form a relationship with the therapist |

Case conceptualisation

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| When constructing a formulation and planning treatment, an ability to reflect the interplay of biological, psychological and social factors in the development and maintenance of clients' difficulties |
| An ability to draw on a formulation to identify the most appropriate focus and sequence of interventions most likely achieve change, and to ensure that this sequence is congruent with the client's perceptions of what would be most useful to them |
| An ability to hold in mind both the client's perspectives on events as well as those of the professionals with whom they are in contact, identifying how best to manage any differences of viewpoint and their potential impact on the therapeutic relationship |

Validation of the client's experience

An ability to achieve a balance between explicitly validating the client's experience and distress while helping them to consider the possibility of alternative perspectives

An ability to achieve a balance between validating the client's view of events and acknowledging the way these events might be perceived by others

Implementing interventions

An ability to know when and how to integrate parallel interventions (such as family meetings or work with other agencies) , and to judge how these should be prioritised:

An ability to maintain a consistently task-focused approach while:

being sensitive to (and being directed by) the client's needs and capacities

maintaining a consistent sense of collaboration with the client

An ability to judge when clients may benefit from careful, non-judgmental but persistent cueing at the start of sessions in order to help keep them on track (e.g. bridging from one session to the next, reminding them of the task at hand, or previously agreed homework)

An ability to use clinical judgment to manage and respond to rapid changes in thinking, perception and presentation that are characteristic of personality disorder in order to maintain the alliance and the 'thread' of therapy

An ability to persevere with the treatment rationale and model, judging when it is to the client's benefit to maintain conceptual consistency and when and whether adaptations and flexibility in delivery are appropriate

An ability to adjust the focus, pace or nature of an intervention in a manner that is responsive to the differing contexts or systems that support the client (e.g. responding to changes in the person's support systems, or to different understandings held by different parts of the client's care system)

Pace of interventions

An ability to judge when to continue a focus on working with difficulties and when to step-back, based not just on speed or lack of progress, but on the level of engagement with the client

An ability to judge when it is appropriate to proceed rapidly toward interventions for current problems if these are particularly distressing for the client

Information sharing and confidentiality

An ability to know what and how much information (both written and verbal) should be shared and with whom in the light of the specific situation of the client and the interests of each party and the protection of the public

Working with coexisting disorders

An ability to use clinical judgment to distinguish between:

coexisting presentations that are maintained by the same overlapping areas of difficulty, and which are best treated holistically

coexisting presentations that represent distinct areas of difficulty and which will benefit from distinct interventions strategies

Where specifically developed and evaluated interventions for co-existing disorders in personality disorder are available, an ability to integrate them into the treatment

Where specifically developed and evaluated interventions for co-existing disorders in personality disorder are not available, an ability to use clinical judgment in order to adapt and titrate standard interventions for common co-existing disorders and integrate them into the treatment:

Using supervision

An ability to manage and tolerate the inevitable personal feelings elicited by challenging behaviours (such as hostility or suspiciousness) and to recognise when support or supervision is necessary in order:

to continue working effectively

to ensure that decisions about the best way forward are taken on the basis of careful reflection (e.g. whether to persist, adapt or stop the intervention)