

## Ability to develop a formulation

Formulation 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 formulation competencies depends critically on their integration with the knowledge and skills set out in the core competency column, generic therapeutic competency column as well as assessment activities set out in the assessment column

### Knowledge

An ability to draw on knowledge that the aim of a formulation is to explain the development and maintenance of the client's difficulties, and that formulations:
are tailored to the individual client and their significant others/family
comprise a set of hypotheses or plausible explanations which draw on theory and research to explain the details of the clinical presentation obtained through an assessment
An ability to draw on knowledge that models of formulation include:
"generic" formulations, which draw on biological, psychological and social theory and research
"model-specific" formulations, which conceptualise a presentation in relation to a specific therapeutic model (e.g. a cognitive- behavioural model) and which usually overlap the generic formulation
An ability to draw on knowledge that formulations should be reviewed and revised as further information emerges during ongoing contact with the client and their significant others/family.

An ability to draw on knowledge that a generic formulation usually includes consideration of:
risk factors that might predispose to the development of psychological problems (e.g., insecure attachment to caregiver, caregiver marital difficulties).
precipitating factors that might trigger the onset or exacerbation of difficulties (e.g. acute life stresses such as illnesses or bereavements, or developmental transitions such as leaving school or college).
maintaining factors that might perpetuate psychological problems once they have developed (e.g. poor coping strategies, inadvertent reinforcement of problem behaviours).
protective factors that might prevent a problem from becoming worse or may be enlisted to ameliorate the presenting problems (e.g. good family communication)
An ability to draw on knowledge that one of the main functions of a formulation is to help guide the development of an intervention plan.
an ability to draw on knowledge that the intervention plan usually aims to reduce the effects of identified maintaining factors, and to promote protective factors.

**Ability to construct a formulation:**

An ability to evaluate and integrate assessment information obtained from multiple sources and methods, and to identify salient factors which significantly influence the development of the presenting problem(s), drawing on sources of information such as:	
	the client (and where relevant significant other and family's) perception of significant factors and their explanation for the presenting problem(s).
	theory and research that identifies biological, developmental, psychological and social factors associated with mental health difficulties.
	theory and research that identifies biological, psychological and social factors associated with mental well-being (e.g. secure attachment with primary caregiver, good physical health, good social support network).
	associations between the onset, intensity and frequency of presenting problem(s) and the presence of factors in the client's psychosocial environment (e.g. traumatic life events).
	the results of a functional analysis which records the antecedents and consequences of a particular behaviour.
An ability to appraise and resolve any apparently contradictory reports of a problem, e.g.:	
	when informants focus on different aspects of a problem or situation, or represent it differently (e.g. self-reports of emotional difficulties made by a client that differ from those made by significant others)
	when a client's behaviour differs depending on the context

**Ability to feedback the results of the assessment and formulation and agree an intervention treatment plan with all relevant parties**

Assessment feedback 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 feedback competencies depends critically on their integration with the knowledge and skills set out in the core competency and generic therapeutic competency columns as well as the assessment activities set out in the assessment column

**Ability to provide feedback on the assessment and formulation**

**Ability to provide information on the assessment and formulation**

An ability to discuss with the client how they would like information about the assessment and the formulation to be conveyed:	
	identifying the most effective methods of conveying information (e.g. verbal, written summaries, diagrams etc)
	if significant others/family have been directly involved in the assessment, identifying whether and how information is to be conveyed to them
An ability to outline the presenting problem(s), as seen by the client (and if relevant, by significant others/family)	
An ability to maintain an empathic, neutral and non-blaming stance when talking about the presenting problems.	
An ability to describe predisposing, precipitating and maintaining factors for the presenting problem(s), explicitly linking this description to information gathered during the assessment	
An ability to discuss any diagnostic terms, including information on aetiology, epidemiology and the usual course of the condition	
An ability to discuss protective factors and strengths shown by the client and significant others/family	

**Ability to adapt feedback**

An ability to adapt the pace, amount of information and level of complexity to:	
	the client's level of understanding and cognitive capacity
	the client's emotional readiness to accept the information.
An ability to match feedback to the client's current level of understanding (e.g. by explicitly and frequently checking their understanding)	
An ability to adapt written information for people with a sensory disability	

### **Ability to seek the views of the client and relevant others**

An ability to check regularly that the client (and where relevant significant others/ family) understand what is being said to them, and seeking their viewpoint regarding the information being conveyed
An ability to ensure that sessions are structured so as to allow time for questions or comments
An ability to help the client (and where relevant significant others/family feel comfortable and confident to ask questions (e.g. by responding positively to questions, validating the appropriateness of questions, or actively prompting for questions)
An ability to provide answers to questions in an honest and straightforward manner: an ability for the therapist to be clear when they need more information in order to answer questions, and to seek this information from an appropriate authority or source

### **Ability to work towards and negotiate an agreed formulation**

An ability to identify and to consider the reasons for any significant differences between the client's and the clinician's view of a diagnosis or formulation, including whether:
the assessment has fully explored and taken into account the client's/ significant others/ family beliefs about the causes of their presenting difficulties
the assessment and formulation has taken into account the social and cultural context and its influence on the client's/ family's belief system.
information has been clearly explained in a sensitive non-blaming manner that highlights the client's strengths as well as difficulties.
the links between contextual factors and the client's behaviour have been made clear.
there are factors in the client's presentation and history that may make it less likely that they would agree with specific aspects of the formulation.

### **Ability to plan an intervention that draws on the agreed formulation**

An ability to draw on the formulation constructed with the client (and where relevant significant others/ family) and which includes their ideas about how aspects of themselves, or their environment could change.
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### **Knowledge**

An ability to draw on knowledge of research into the efficacy of psychological and pharmacological interventions, and the possible side-effects or negative effects of interventions.
An ability to draw on knowledge of the range of psychological interventions offered by the service and by other statutory and non-statutory agencies to whom the client could be referred.
An ability to draw on knowledge of community resources and projects relevant to the promotion of mental health (e.g. drop-in centres, sports facilities etc).

### **Ability to identify potential interventions**

An ability to draw on the formulation and decisions regarding diagnosis to identify the indicated evidence-based interventions, including an ability to identify:
“parallel” interventions are appropriate (e.g. offering group psychoeducation as well as an individual therapy)
where interagency working is appropriate (e.g. with social services)

### **Ability to promote informed choice and agree a plan for intervention**

An ability to provide information on the various options for intervention, including information on their likely efficacy
An ability to discuss any negative effects or side-effects of the intervention(s)
An ability to seek the client’s views on each intervention option.
An ability to gauge client’s motivation and preference for particular intervention options.
An ability to discuss whether the client anticipates any difficulties with engaging with an intervention(s), including their likely attendance.
An ability to reach agreement on an appropriate intervention plan
An ability to help the client identify goals for the intervention(s) that are:
explicitly defined
realistic (in the sense of being achievable)
prioritised, usually starting with problems/ areas of functioning most likely to be amenable to change
if significant others/ family are directly involved, an ability to identify goals that are shared by the client and others/ family, and to identify any areas where they have different goals
An ability to reach agreement on the sequencing and timing of intervention(s)
An ability to plan the length of the intervention and/or to set a review date

An ability to include evaluation procedures in the intervention plan, for example:
an ability to record the client’s identified goals for an intervention(s), with the aim of evaluating whether they have been met by review dates or at the end of the intervention.
an ability to identify suitable pre- and post-intervention measures and any arrangements required for their administration.

## **Ability to co-ordinate casework across different agencies and/or individuals**

Competences associated with the coordination of casework are not ‘stand alone’ competencies and should be read as part of the competency framework for individuals with Personality Disorder.

The principles set out in this document apply both to intra- and inter-agency working, and hence to work with both fellow-professionals and professionals from other agencies.

Effective delivery of these competences depends on their integration with many areas of the framework, but the section on confidentiality and consent will be especially pertinent.

### **General principles**

An ability to draw on knowledge that a focus on the welfare of the client should be the overarching focus of all intra- and interagency work
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An ability to ensure that communication with professionals both within and across agencies is effective by ensuring:
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that their perspectives and concerns are listened to
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that there is explicit acknowledgement of any areas where perspectives and concerns are held in common, and where there are differences
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where differences in perspective or concern are identified, an ability to identify and act on any implications for the delivery of an effective intervention
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## **Case management**

### **Receiving referrals from other professionals/agencies**

An ability to recognise when the referral contains sufficient information to make an informed decision about how to proceed with the client (including response to risk and identification of care pathways)
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where there is insufficient information, an ability to identify the information required and to request this from the referrer and/or partner agencies
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An ability to draw on knowledge of local policy and procedure to select the appropriate “pathway” to ensure the case is allocated at an appropriate risk/response level
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Where a decision is taken to place clients on a waiting list, an ability regularly to monitor risk levels of cases on the list
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**Initial contact phase (initiating cross-agency casework)**

An ability to establish which partner agencies are also involved with the client	
An ability to establish/clarify the roles/responsibilities of other agencies in relation to the various domains of the client's life	
An ability to discuss issues of consent and confidentiality in relation to the sharing of information across agencies with the client and to secure and record their consent to share information.	
An ability to identify and record which service, and which individuals within that service, will carry a "co-ordination" role for the overall plan	
An ability to gather relevant information from involved agencies and to enter this into the client's record	
An ability to share relevant information with the appropriate agencies (based on the principle of a "need to know")	
	an ability to assess when sharing of information is not necessary and/or when requests for sharing information should be refused
An ability to share assessment information in a manner which supports partner agencies in:	
	understanding and recognising areas of risk
	understanding any implications of this information for the work in which they are engaged
	understanding the potential impact of interventions on the client's functioning, and the ways in which this may manifest in other settings
	understanding what it means for the client to have an involvement with the multiple agencies
Where there are indications that agencies may employ different language and definitions, an ability to clarify this in order to identify:	
	the reasons for any concerns
	the professionals and agencies who are best placed to respond to these concerns
	the outcomes which are being sought from any planned response
An ability to draw on knowledge of custom and practise in each agency in order to ensure that there is a clear understanding of the ways in which each agency will respond to events (e.g. their procedures for following-up concerns, or for escalating their response in response to evidence of risk)	
An ability to co-ordinate with other agencies using both verbal and written communication, and to agree with them:	
	the tasks assigned to each agency
	the specific areas of responsibility for care and support assumed by each agency, and by individuals within each agency
An ability for all individuals within a team to recognise when they are at risk of working beyond the boundaries of their clinical expertise and/or professional reach	
Where a common assessment framework is used across agencies, an ability to:	
	record relevant information in the shared record
	make active use of the shared record (to reduce redundancy in the assessment process)
	maintain a shared record of current plans, goals and functioning

### **Involving the client and (where relevant) their family**

An ability to ensure that the client (and where relevant, their family) are informed of any interagency discussions and the associated outcomes.
When deemed appropriate, an ability to include the client and/or their family in any interagency meetings.
An ability to support clients and/or families in making choices about how they use or engage with the partner agencies involved.

### **Referring on for parallel work**

An ability to draw on knowledge of local referral pathways (i.e. the individuals to approach and the protocols and procedures to be followed)
In relation to any agency to whom clients are referred, an ability to draw on knowledge:
of the agency's reach and responsibilities
of the agency's culture and practice
of the extent to which the agency shares a common language and definitions to those applied in those services making the referral
An ability to communicate the current intervention plan, and update other agencies with any changes as the intervention proceeds (including any implications of these changes for the work of other agencies)
An ability to communicate a current understanding of the client's difficulties, and to ensure that this is updated when additional information emerges.
An ability to maintain a proactive approach to monitoring the activity of other agencies and to challenge them if they do not meet agreed responsibilities
Where appropriate, an ability to act as a conduit for information exchange between agencies
An ability to recognise when effective inter-agency working is compromised and to identify the reasons for this, for example:
institutional/systemic factors (such as power differentials or struggles for dominance of one agency over another)
conflicts of interest
lack of trust between professionals (e.g. where this reflects the 'legacy' of previous contacts)
An ability to detect and to manage any problems that arise as a result of differing custom and practice across agencies, particularly where these differences have implications for the management of the case
an ability to identify potential barriers to effective communications, and where possible to develop strategies to overcome them
An ability to identify transitions that have implications for the range of agencies involved (e.g. moving out of area) and to plan how these can be managed, to ensure:
continuity of care
the identification of and management of any risks
the identification and engagement of relevant services
An ability to be aware when the client's needs (in the domains of health, , physical, emotional, social functioning) are not being met by the current intervention, and where the involvement of other agencies would be beneficial to the client's welfare



**Discharge and monitoring phase**

An ability to inform all relevant agencies where there is an intention to discharge the client
An ability to ensure all partner agencies are aware of current risk levels and have appropriate plans and monitoring in place
An ability to inform partner agencies of the circumstances under which links with current services should be reinstated
An ability to take a proactive stance in relation to monitoring the functioning of clients after discharge has taken place (and to reconnect with them if functioning deteriorates)
An ability to ensure those partner agencies involved have plans for monitoring the wellbeing of the client