

## **Ability to undertake a comprehensive assessment**

An ability to draw on knowledge that there are no clear-cut distinctions between engagement, assessment, formulation and intervention, and that formulations and intervention plans will need to be revised as new assessment information emerges

### **Basic stance**

An ability, throughout the assessment, to adopt a basic stance that:

- emphasises working with the client as a “whole person”, taking fully into account their history and their social/ cultural context rather than focusing solely on their symptoms
- recognises the importance of prioritising the client’s perspective and their understanding of their experiences
- aims to develop and maintain a consistently collaborative approach
- recognises that a good working relationship with the client is critical to assessment

An ability to draw on knowledge that clients will be members of a number of interlocking ‘systems’, and that:

- these systems will be relevant to the client’s presentation and the ways in which they understand themselves, (e.g. their partner and family, friends, their cultural background, their faith, their work, and their current and previous links with mental health services)
- a comprehensive assessment should include explicit consideration of relevant systems

An ability to draw on knowledge of the adverse impacts of stigma across a variety of domains (e.g. in social, vocational and family contexts), its relevance to the client’s experience (e.g. its impact on their sense of self) and its potential to engender a sense of exclusion

An ability to draw on knowledge that it is important to identify and to acknowledge the client’s strengths and the resources available to them, and to take these into account when planning any intervention

An ability to draw on knowledge that in the initial stages of assessment it is usually helpful to prioritise the issues of most relevance to the client, focusing on what is distressing and of concern, rather than what is “abnormal”

### **Knowledge of the recovery model**

An ability to draw on knowledge of the guiding principles of the recovery model:

- that recovery from serious mental illness is possible
- that recovery is multifaceted, and involves the person finding a way of life that is meaningful and fulfilling for them, irrespective of ongoing symptoms (and that symptomatic recovery may not be desired by all clients)

An ability to draw on knowledge that the recovery model requires services to embrace innovative ways of working:

- to view recovery as self-directed, (the role of services is to facilitate, rather than to manage)
- to focus on the whole person, their context, and their individual cultural and spiritual preferences (rather than just on treating or managing their symptoms)
- to operate in a spirit of hope and optimism, with a focus on service users’ strengths, resources and assets

	<p>to be mindful of the possibility of fostering dependency, and to recognise and value service users' ability to self-manage and to cope with distress and adversity, in order to promote a sense of control (which may include some risk taking and allowing clients to learn from their own mistakes)</p>
	<p>depending on the client's wishes, to work in partnership with a wider support network of family, friends, professionals, and the community</p>
An ability to draw on knowledge that recovery is best seen as a process rather than an outcome:	<ul style="list-style-type: none"> <li>that it does not assume that the client's goal is to get back to where they were before their illness</li> <li>that it may involve identifying new life roles and rewarding activities</li> <li>that it may happen in 'fits and starts' and with "ups and downs"</li> </ul>
An ability to draw on the range of recovery oriented tools and aides both to assist in therapy and to inform overall service delivery	

#### **Ability to adopt a flexible approach to assessment**

	<p>An ability to move fluidly between assessment and engagement in response to shifting client states</p>
	<ul style="list-style-type: none"> <li>a capacity to tactically (and tactfully) defer discussion of topics causing distress, and to return to them at a later stage of assessment (e.g. when the client is more engaged and trusting)</li> </ul>
	<ul style="list-style-type: none"> <li>a capacity to respond to indications that the client is (or is likely to become) disengaged (e.g. becoming distrustful or agitated) by refocusing on engagement</li> </ul>
An ability to maintain a flexible approach to the assessment process e.g:	
	<ul style="list-style-type: none"> <li>adapting the structure of assessment to the client's capacities in terms of length of sessions and their frequency</li> <li>by being "non-directive" (following the client's lead) at first, moving to more focussed questioning at later stages</li> <li>by adapting pace, structure and content in response to the client's capacity to maintain concentration and focus (e.g. when the client is hearing voices, is thought disordered, or cognitive impairments make it hard to concentrate)</li> </ul>

	<p>An ability to draw on knowledge that the needs and priorities of each client cannot be assumed, and will be highly variable, depending on factors such as:</p>
	<ul style="list-style-type: none"> <li>their 'stage' of presentation (e.g. first episode versus multiple episodes)</li> </ul>
	<ul style="list-style-type: none"> <li>the unique "pathway" that they have followed, and hence their experiences of illness</li> </ul>

#### **Ability to engage the client**

	<p>An ability for the therapist to explain who they are, (if relevant) their role in the team, and the purpose of the assessment,</p>
	<p>An ability to discuss any concerns or queries the client may have about the assessment process (e.g. where they are new to the service, or where the client has had numerous previous assessments, discussing why this one is necessary)</p>
	<p>An ability to discuss any aspects of the assessment process that may be difficult for the client (e.g. checking whether the client is comfortable with the therapist writing notes)</p>

	<p>An ability to help the client see that they are being taken seriously (regardless of content) by validating their experience, for example by:</p>
	<ul style="list-style-type: none"> <li>encouraging them to tell their "story" (e.g. by showing empathy, using open-ended questions)</li> </ul>

wherever possible, normalising their experience
maintaining a perspective that sees them as reasonable and struggling to understand difficult experiences
maintaining a noncommittal stance (i.e. accepting what they say without agreeing to it or colluding with it)
finding common ground (i.e. “agreeing to differ” without assuming that the therapist’s version is “right”)
staying with them persevering, even with content that is difficult or distressing, or where they are hostile or suspicious

### **Ability to manage issues of confidentiality, consent and capacity\***

An ability to draw on knowledge of local policies and legislation relating to confidentiality and information sharing
An ability to draw on knowledge of legal definitions of consent to an intervention
An ability to draw on knowledge of capacity and its assessment
An ability to gain informed consent to an intervention from service users and (where relevant) their carers
An ability to inform all relevant parties about issues of confidentiality and information sharing
An ability to assess the client’s capacity to consent to information sharing
An ability to share information appropriately and securely

\* Competences relevant to managing issues of confidentiality, consent and capacity are detailed in the relevant section of this framework

### **Ability to maintain professional boundaries alongside appropriate levels of personal contact**

An ability to draw on knowledge that clients with psychosis are likely to be especially sensitive and/or reactive to therapists who maintain over-rigid professional boundaries (and who appear distant, cool or ‘hard to read’), and that:
appropriate levels of self-disclosure can be helpful in order to convey a sense of the worker/therapist as a ‘real’ individual
the level of self-disclosure needs to be appropriate to the professional context, and adapted to the expectations of the individual client
the extent of self-disclosure expected by clients from different cultural and ethnic backgrounds may vary (some expecting a lot, others very little)

## **Content of a comprehensive assessment**

An ability to draw on knowledge that a comprehensive assessment should encompass a wide range of inter-linked factors in addition to "core" symptomatology
An ability to attend closely to the language the client uses to describe their experiences and to identify the ways they make sense of themselves, aiming:
consistently to use terminology that maps to the client's model of their experiences,
to avoid imposing language that describes their experiences in a way that they may not accept as appropriate (e.g. by assuming that the client accepts the use of psychiatric terminology or diagnostic labels)
to negotiate an agreed language for describing experiences (and revising this over time)
An ability (throughout the assessment) to distinguish between the client's experiences and their inferences about these experiences (i.e. distinguishing what they experience from the sense that they make of the experience)

## **Ability to appraise referral information and access relevant background information**

An ability to draw on knowledge that written and/or verbal communication about a client, their history and their circumstances can vary in its quality and hence its accuracy
An ability to draw on knowledge of the importance of accessing and reviewing available information about the client
An ability to use pre-existing information to identify any risks that may need to be held in mind during an interview (e.g. incidents of self-harm, or incidents of harm to others)
An ability to make use of reliable pre-existing information so as not to duplicate areas of assessment that have already been undertaken

## **Ability to assess the client's history and current circumstances**

An ability to assess the client's developmental history, including:
their early development, childhood and adolescence
their schooling and further education, and their qualifications
their occupation(s) and employment history

An ability to assess the client's family history, including:
their current and past relationships with parents, siblings and relevant others
their relationships with family members with whom they are in regular contact
any experience of mental health problems in other members of the family
An ability to assess the client's relationship history, including:
the history of partnerships
the quality of their relationship with current partners (and any other significant others with whom they are in regular contact)
children for whom they have responsibility
any current relationship and/or family issues
An ability to assess the client's interpersonal functioning (e.g. functioning within their family, close friendships, friendship networks)

An ability to assess whether the client's home and living circumstances are stable, of an appropriate standard and are appropriate to their needs
An ability to assess the client's financial circumstances:
whether they have adequate resources for their needs
whether they are in receipt of appropriate benefits to which they are entitled
An ability to assess the client's history of support, and any changes over time, including:
individuals and/or services who have regularly offered support
the client's access to support at points of relapse

### **Assessment of psychotic experiences, mood disturbance and co-existing conditions and complaints**

#### **Ability to assess anomalous experiences**

An ability to draw on knowledge that because psychotic symptoms vary from person to person on a number of dimensions, assessment should reach an understanding of the individual client's experience

An ability to draw on knowledge of the range of common anomalous experiences in people with psychosis, for example by enquiring about:
auditory, visual, tactile and olfactory hallucinations
unusual perceptual experiences
thought disorder and (e.g. thought insertion),
thought broadcast and thought block or withdrawal)
made phenomena/ passivity phenomena (e.g. experiences of replacement of will)

An ability to draw on knowledge of the range of common delusional themes in people with psychosis (e.g. by enquiring about ideas of reference, persecution, grandiosity)
An ability to undertake a detailed assessment of delusions/ unusual beliefs by asking the client about:
their specific content
the level of conviction, preoccupation and distress associated with the beliefs
factors that trigger the belief (its antecedents)
the consequences of 'activating' the belief
factors that maintain the belief (e.g. environmental, other psychotic symptoms, emotional arousal, substance use)
"safety behaviours" (i.e. behaviours that help the client to cope in the short-term, by (for example) distracting them and reducing anxiety)
the meaning of the belief (for the client and for others)

An ability to undertake a detailed assessment of voices by asking the client about:
factors that trigger voices (e.g. what situations, what times, what affects (e.g. anxiety/ elation))
the form of the voice (e.g. the number of voices, their frequency, duration, volume, location, age, gender, language spoken, whether the voice is recognised)
the specific content of the voice (e.g. positive or negative content, their intrusiveness, whether they are culturally/personally unacceptable, whether they take the form of commands)
beliefs about voices (e.g. whether these are benevolent or malevolent, experienced as powerful and controlling, metacognitive beliefs (e.g. beliefs about controllability))
their relationship with the voice (e.g. whether the client feels subordinate or inferior)
the emotional impact of hearing voices
behaviours in response to the voice (e.g. resistance or engagement, compliance, coping strategies)
the impact of hearing on voices on the client's life

An ability to draw on knowledge of the range of common negative symptoms seen in people with psychosis, for example by observing and enquiring about:

- restricted affect/ diminished emotional range
- poverty of speech
- diminished sense of purpose
- diminished social drive

An ability to draw on knowledge of the range of common perceptual disturbances in people with psychosis, for example by observing and enquiring about:

- depersonalisation
- derealisation
- changes in perception (e.g. heightened perception, changed perception of time)

An ability to draw on knowledge of the range of common motor and behavioural disturbances in people with psychosis, for example by observing and enquiring about:

- reduced motor activity (e.g. slowness or underactivity, slow speech)
- reduced non-verbal expression
- increased motor activity (e.g. restlessness, agitation)
- unusual mannerisms that are associated with the person's psychotic condition
- unusual appearance or behaviour that are clearly associated with the person's psychotic condition
- self-neglect

An ability to draw on knowledge of the range of common affective disturbances in people with psychosis, for example by observing and enquiring about:

- anxiety
- depression
- elation

irritability
lability of mood/ emotional outbursts
suspiciousness
limited range of emotional expression ("flatness" of affect)
incongruent affect

#### **Ability to assess affective disturbances**

An ability to draw on knowledge of the affective disturbances, for example by observing and enquiring about:

experience and expression of depressed mood
delusions arising in the context of depression e.g.:
delusions of guilt (e.g. of having committed a terrible crime)
delusions of catastrophe (e.g. that terrible things will happen to their family)
hypochondriacal delusions (e.g. that the person's body is rotting)
experience and expression of expansive or elevated mood:
instability of mood

#### **Ability to assess coexisting emotional and mental health difficulties and their impact on psychotic experiences**

An ability to assess coexisting emotional or mental health difficulties, and to consider how these interact with psychotic symptoms, e.g.:

depression
anxiety
exposure (and reactions) to traumatic events
experiences of loss
coexisting conditions that will impact on social communication (e.g. Asberger's Syndrome, learning disabilities)
substance abuse and misuse (e.g. alcohol, nicotine, cannabis, opiates, amphetamines, cocaine, ecstasy, LSD)

#### **Ability to assess physical health concerns**

An ability to assess any current and past physical health issues, and to identify:

current treatments or interventions
any conditions for which appropriate treatment is not being offered (and whether there are specific reasons that account for this)
An ability to assess the client's sleep pattern (including any disruption to sleep)

#### **Ability to assess the client's contact with, and relationship to, services**

An ability to assess the client's history of contact with services, and to identify current agencies with whom they in contact (including forensic services)

An ability to discuss the client's experience of, and relationship to, services

An ability to discuss the client's experience of, and attitudes towards, specific interventions (e.g. medication, psychosocial interventions)

### **Ability to use measures**

An ability to draw on knowledge of relevant assessment measures e.g.:

interview-based dimensional measures of delusions and hallucinations (e.g.

Psychotic Symptoms Rating Scale (PSYRATS); Maudsley Assessment of Delusions Schedule (MADS))

self-report measures ( e.g. Delusions-Symptoms-States Inventory (DSSI-R))

measures of negative symptoms (e.g. Negative Symptoms Scale (SENS); Global Assessment of Functioning (GAF); Social Behaviour Scale )

### **Culture and faith\***

An ability to show sensitivity to diversity issues and their possible impact on the client's presentation and understanding of their difficulties

an ability to identify the explanatory models of psychotic and other experiences that operate within the client's culture and/or faith community

\* Competences relevant to work with difference are detailed in the relevant section of this framework

### **Ability to involve partners, carers and significant others in the assessment process**

An ability to involve relevant significant others in the assessment process, (e.g. partners, family, carers, friends, care coordinators)

an ability to draw on knowledge of the legal entitlement of carer's to request an assessment of their needs, and for this to be included in any care plan

Where appropriate, an ability to involve other service providers in the assessment process (eg 3<sup>rd</sup> sector services, faith and community links),

### **Ability to assess the client's capacity\***

An ability to ensure that judgments regarding capacity take into account any factors that make it hard for the client to understand or receive communication, or for them to make themselves understood

an ability (where possible) to identify ways to overcome barriers to communication

An ability to maximise the likelihood that the person understands the nature and consequences of any decisions they are being asked to make, for example, by:

using visual aids

speaking at the level and pace of the person's understanding, and 'processing' speed

avoiding jargon

repeating and clarifying information, and asking the person to repeat information in their own words

using 'open' questions (rather than 'closed' questions to which the answer could be yes or no)

An ability to determine capacity where the person has significant cognitive impairments and/or memory problems e.g.:

where a person is able to make a decision but is unable to recall it after an interval, asking for the decision to be made again, using the consistency of their response as a guide to capacity

deciding when further formal assessment is required in order to determine the person's capacity

\* Competences relevant to judgments regarding capacity are detailed in the relevant section of this framework

**Ability to communicate the outcome of an assessment to relevant parties**

An ability to communicate the outcome of psychological assessments (in terms of formulations and intervention plans) to service users, their carers and families and non-professional colleagues in a manner that is clear and comprehensible, and that is appropriately adapted to the 'target audience'.

## 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, carers, 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).
An ability to use the risk formulation to judge whether and when to schedule a reassessment with the client and relevant others.
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.
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
An ability to escalate concerns (within own or other agencies) when the implementation of the risk management plan is problematic.
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.
specialist forensic teams (e.g. where there are threat of serious violence).
specialist self-harm teams
Caldicott Guardian (regarding complex confidentiality issues).
social workers (e.g. where there are possible child protection issues)

## **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 people with psychosis and bipolar disorder.

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

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 Systemic Psychotherapy (available at: [www.ucl.ac.uk/clinical-psychology/CORE/competence\\_frameworks.htm](http://www.ucl.ac.uk/clinical-psychology/CORE/competence_frameworks.htm)).

## **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.