4.1. Ability to undertake a comprehensive (biopsychosocial) assessment

This section should be read as part of this competence framework. Effective delivery of assessment skills depends on their integration with background knowledge of relevant presentations and of appropriate ways of addressing these, along with engagement and communication skills.

Assessments need to be comprehensive, identifying biological, psychological and social/societal factors that may be contributing to a person's strengths and difficulties – usually referred to as a biopsychosocial assessment. The aim is to develop an understanding of the whole person, placing them in the context of their community.

Knowledge of the assessment process

An ability to draw on knowledge that the focus of the assessment process is to create a formulation (including a possible diagnosis) which guides the choice of intervention and aims to improve the quality of life of the person and relevant significant others

An ability to draw on knowledge that assessments generates working hypotheses which need to be updated or corrected in response to further information that emerges during the course of contact

An ability to draw on knowledge that different parties may have multiple perspectives, and that their aims for intervention can be significantly different

An ability to draw on knowledge that the assessment process can in itself alter views towards the matter at hand

Knowledge of standardised assessment frameworks

An ability to draw on knowledge of local and national assessment forms including those which can be completed by several different agencies working together

Ability to coordinate a multidimensional assessment

An ability to coordinate the assessment process across the team in a way that

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ensures that different facets and sources of experience are sufficiently explored while not creating repetition, overlap or increased burden for people

An ability to undertake a multidimensional assessment of the person, which is:

multimethod: including information from interviews, observations, and measures as well as any other methods which seem appropriate.

multisource: including information from the person, family/carers as well as any other sources of particular relevance to an individual.

multilevel: including information about the person's physical (including sexual), emotional, cognitive, social development, along with cultural and spiritual influences.

Ability to identify people and agencies who need to be included in the assessment

An ability to identify and involve the individuals and agencies who constitute the person's network of carers, including:

identifying the primary carers (e.g. partners, parents, foster parents, residential staff)

in young people, identifying who has parental rights and responsibilities (e.g. parent, family member, social work department)

identifying the professionals and agencies already involved with the person

Ability to focus assessment

An ability to develop initial hypotheses on the basis of information gleaned from the referral, and an ability to use these to plan the assessment

where appropriate and possible, an ability to liaise with professionals from agencies involved with the person prior to the assessment in order to determine their roles

An ability to adapt assessments in response to information that emerges and which appears to be of particular significance:

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an ability to draw on knowledge of theory and research around development, mental health, and safeguarding/child protection in order to:
focus on topics which appear to be problematic or of particular significance for the person and (where relevant) their family
move away from areas which do not appear problematic for, or salient to, the person and family

Ability to engage the person and (where relevant) their carer/family/ in the assessment process

An ability to identify who should attend assessment sessions.
An ability to discuss confidentiality and its limits (e.g. the potential for information which emerges to be shared with other agencies)
An ability to explain the structure of the assessment and the areas that it will cover.
An ability to explain the relevance of particular areas of the assessment
An ability to respond non-judgmentally to information which emerges during the assessment
An ability to balance problem-focussed questioning with questions that elicit areas of strength and resilience, for example:
attending to the potential for the language used in assessment to convey a negative connotation, and making appropriate adjustments to counter this (e.g. describing a task as a challenge rather than difficult)
helping the person to portray a balanced view of themselves rather than feeling defined by their problems
recognising the potential impact on engagement of 'relentless' questioning of problems and difficulties

Ability to adapt the assessment to match the abilities and capacities of the person and their carers/family

An ability to tailor the language used to match the abilities and capacities of the person and their carers/family
An ability to engage people with physical and sensory impairment (for example by altering the pace and content and modes of discussion)

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An ability to make effective use of interpreters when working with people who do not speak the same language as the interviewer

Ability to assess risk of harm*

Ability to assess risk of harm to self and others
Ability to identify child protection concerns

* Described in detail under 'Ability to recognise and respond to concerns about child protection', 'Safeguarding' and 'Risk assessment and management'.

Ability to take a history

An ability to make appropriate use of basic interview techniques (e.g. appropriate range of questioning formats, facilitation, empathy, clarification, and summary statements)
An ability to elicit specific detailed and concrete examples of behaviour when assessing and exploring areas of concern

Problem history

An ability to identify and explore the behaviours/symptoms/risks that are causing concern to the person and their carers/family, including:
emotional symptoms (including their somatic expressions and any self-harming behaviours)
relationship difficulties

An ability to help the person and carers/family elaborate the details of problems that concern them including the frequency, duration and intensity of problems

An ability to analyse the function of specific problematic behaviours by identifying:
the settings in which the problematic behaviours or symptoms manifest.(including the people who are present, and specific details of places and times)
the situations or events which occur immediately before the behaviour, and which appear to trigger it.

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the consequences that immediately follow the behaviour (such as the reactions of others)

An ability to assess the broader impact of symptoms or problems including:

the degree of social impairment
the degree of distress for the person
the degree of disruption to others.

An ability to assess the person's current functioning
An ability to assess the person's use of drugs and alcohol.
An ability to identify the person's current and past contact with legal services
An ability to identify previous attempts to solve the problems or manage symptoms (including any previous contacts with services).
An ability to identify the person and their carers/family's explanations of how behaviours/symptoms have developed.

Developmental history

An ability to obtain information on the person's development, including both strengths and interests as well as any delayed or unexpected developmental processes.
An ability to undertake a detailed developmental assessment across biological, cognitive, communicative, emotional and social domains

Medical history

An ability to elicit details of the person's physical health history, including:

immunisations, infections, allergies, illnesses, operations.
prescribed and non-prescribed medication
fits/faints, loss of consciousness, head injury
hearing and vision problems

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contact with hospitals and specialist health services.

Relationship history

An ability to ask about the person's friendships, for example:

first /early friendships (and how long these have lasted)
how many friends in primary school and beyond
what they did with their friends

An ability to assess the person's interpersonal functioning (e.g. their relationship with partners, family, close friendships, friendship networks)

An ability to ask about the person's intimate relationships, for example:

the history of any partnerships
the quality of their relationship with any current partners (and any other significant others with whom they are in regular contact)

An ability to ask about the influence of sexuality and gender diversity on the person's identity and their experience of relationships

an ability to discuss any adverse experiences associated with the person's sexuality or experience of gender diversity (e.g. difficulties accepting their sexuality, homophobic and/or transphobic bullying)

Abuse/neglect

An ability to identify whether the person has been exposed to traumatic experiences, abuse and neglect, such as:

physical abuse
exposure to domestic violence
psychological abuse

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financial or material abuse or exploitation
sexual abuse or exploitation
neglect
abuse in an organisational context
mental health stigma

Educational history

An ability to obtain details of the strengths and interests and achievements shown by the person within the education system as well as any difficulties.
An ability to obtain a comprehensive educational history from the person, including:

pattern of attendance including information on absences from school
pattern of contacts with school professionals such as teachers, educational psychologists, special educational needs assistants
academic ability and achievement
pattern of social relationships, play, and any experiences of bullying
emotional/behavioural, concentration or social difficulties

Routine screening for neurodevelopmental disorders (autism spectrum disorder and intellectual disability)

An ability to draw on knowledge of diagnostic criteria for intellectual disabilities and for autism spectrum disorder, and use this to:

routinely screen for neurodevelopmental disorders
identify whether and how a neurodevelopmental disorder may contribute to the person's presentation, resources and needs
identify the implications for the person's care

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Ability to assess the person and carer/family's cultural and social context

Social

An ability to draw on knowledge of the incidence and prevalence of mental health concerns across different cultures/ethnicities/social classes
An ability to ask about potential protective factors in the person's social environment (e.g. social support, proximity to extended family or access to community resources)
An ability to ask about any potential stresses in the person's physical or social environment (e.g. overcrowding, poor housing, neighbourhood harassment, problems with gangs)
An ability to ask about the person's membership of peer groups (e.g. friendship groups, clubs)
An ability to ask about a person's experience and membership of gangs

Cultural

An ability to draw on knowledge of the person's cultural, racial and religious background when carrying out an assessment of their behaviours, beliefs, and the potential impact of this perspective on their views of problems
An ability to understand cultural influences on gender roles and gender identity, parenting practices, and family values
An ability to identify the limits of one's own cultural understanding

an ability to seek out further information about the person religious, racial and cultural background from them and other sources

Making use of observation of the person and of interactions between them and their partners/carers/family during assessment

An ability to observe the interactions between the person and significant others, for example:

the degree of sensitivity and warmth shown to each other.
the degree of criticism

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| whether behaviours appear to be reinforced by other family members. |
| the language people use to describe one another (i.e. as an indicator of their attitudes and feelings towards each other) |

| An ability to include knowledge of the person's social and cultural background in any consideration of interaction patterns |

Ability to draw on information obtained from other agencies

| An ability to identify any agencies and/or key professionals currently or previously involved with the person and carers/family. |
| An ability to obtain consent prior to seeking information from an agency |
| an ability to draw on knowledge of local policies on confidentiality and information sharing when obtaining (and sharing) information about the person and their family |

| An ability to obtain relevant records from agencies and identify and draw on information likely to be relevant . |

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4.2. Ability to conduct a Mental State Examination

Knowledge of the aims of the Mental State Examination (MSE)

An ability to draw on knowledge that the MSE is an ordered summary of the clinician's observations of the person's mental experiences and behaviour at the time of interview
An ability to draw on knowledge that the purpose of a MSE is to identify evidence for and against a diagnosis of mental illness, and (if present) to record the current type and severity of symptoms
An ability to draw on knowledge that the MSE should be recorded and presented in a standardised format.

An ability to draw on detailed observations of the person to inform judgements of their mental state, including observations of:

their appearance (e.g. standard and style of clothing, physical condition, etc.)
their behaviour (e.g. tearfulness, restlessness, distractible, socially appropriate, etc)
their form of speech (e.g. quality, rate, volume, rhythm, and use of language, etc)

An ability to draw on knowledge of the person's developmental stage/cognitive capacity and hence to tailor questions to their likely level of understanding.
An ability to draw on knowledge that people vary in their ability to introspect and assess their thoughts, perceptions and feelings.
An ability to structure the interview by asking general questions about potential problem areas (such as depressed mood), before asking specific follow-up questions which enquire about potential symptoms.
An ability to respond in an empathic manner when asking about the person's internal experiences (i.e. their feelings, thoughts, and perceptions).
An ability to ask questions about symptoms which the person may feel uncomfortable about in a frank, straightforward, non-judgmental and unembarrassed manner.
An ability to record the person's description of significant symptoms in their words.
An ability to avoid colluding with any delusional beliefs by making it clear to the person

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that the clinician regards the beliefs as a symptom of mental illness.
an ability to avoid being drawn into arguments about the truth of a delusion.

Ability to enquire into specific symptom areas

An ability to ask about the symptoms characteristic of both uni-polar and bi-polar depression.
an ability to notice and enquire about any discrepancy between the person's report of mood and objective signs of mood disturbance.
An ability to ask about thoughts of self-harm.
an ability to assess suicidal ideation.
an ability to assess suicidal intent.
an ability to ask about self-injurious behaviour.
An ability to ask about symptoms characteristic of the different anxiety disorders.
an ability to ask about the nature, severity and precipitants of any symptoms as well as their impact on the person's functioning
An ability to ask about abnormal perceptions.
an ability to clarify whether any abnormal perceptions are altered perceptions or false perceptions.
an ability to explore evidence for the different forms of hallucination.
An ability to elicit abnormal beliefs.
An ability to interpret the nature of abnormal beliefs in the context of the person's developmental stage, family, social and cultural context.
an ability to distinguish between primary delusions, secondary delusions, over-valued ideas and culturally sanctioned beliefs.
An ability to assess cognitive functioning.
an ability to assess level of consciousness
an ability to assess the person's orientation to time, place and person.
an ability to carry out basic memory tests.
an ability to estimate the person's intellectual level, based on their level of

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vocabulary and comprehension in the interview, and their educational achievements.
an ability to conduct or refer for formal cognitive assessment if there are indications of an intellectual disability.

An ability to assess the person's insight into their difficulties.

an ability to assess attitude towards any illness
an ability to assess attitude towards treatment

4.3. Ability to undertake a collaborative assessment of risk and needs in relation to suicide and self-harm

> The focus of this section is on working with individuals who are presenting as suicidal or self-harming or use self-harm as a coping mechanism.
>
> Judgment will be needed about the scope of a specific session of assessment. Where an individual is acutely distressed and/or judged to be at high risk of self-harm then this will need to be the focus, with a more detailed and/or broader assessment taking place once the individual's immediate needs are appropriately contained.

Knowledge[1]

An ability to draw on knowledge that assessment of risk:
is more likely to be helpful (both to the person and the assessor) if it focuses on engaging the individual in a personally meaningful dialogue
is less effective (and useful) if carried out as a 'checklist' that attempts to cover all bases, whether or not they are relevant to the person

An ability to draw on knowledge that because it is difficult to predict future suicide attempts and acts of self-harm accurately, even comprehensive risk assessments may only yield a poor estimate of risk
An ability to draw on knowledge that although many factors have been identified as associated with risk:
they cannot be relied on to predict risk with any certainty
they are subject to change, meaning that assessments of risk can only relate to the short-term outlook

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[1] A comprehensive account of issues relating to the management of suicide and self-harm can be found in the UCL suicide and self-harm prevention competence framework (https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks/self). This includes a section on 'Understanding self-harm and suicidal ideation and behaviour', which represents a core area of knowledge (https://www.ucl.ac.uk/clinical-psychology/competency-maps/self-harm/adult-framework/Knowledge%20column/PDF/Understanding%20self-harm%20and%20suicidal%20ideation%20and%20behaviour.pdf)

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An ability to draw on knowledge that talking about suicide does not necessarily increase the likelihood of suicide attempts, and that it is helpful to maintain an open and frank stance to discussion
An ability to draw on knowledge that self-harm and suicidal acts reflect high levels of psychological distress, and serve different functions for different individuals (and for the same individual, at different times)
an ability to draw no knowledge that self-harm can represent a coping mechanism to enable survival
An ability to draw on knowledge that (by building hope and identifying specific ways forward) a collaborative assessment can be a powerful intervention in its own right

An ability to draw on knowledge that the aims of a collaborative assessment are to:	
	help the person understand the key factors leading them into crisis
	assess the nature, frequency and severity of self-harm and (if this has changed) whether this indicates an imminent risk of suicide
	assess the degree of intent, planning and preparation (as potential signs of imminent risk)
	identify risk and protective factors (to help estimate the person's risk of suicide and self-harm)
	identify co-occurring psychiatric disorders that may contribute to self-harming and suicidal behaviour
	determine the most appropriate level and type of intervention
	identify which risk factors are likely to be modifiable through the intervention
	develop a management plan

Engagement

An ability to conduct an assessment in a compassionate and collaborative manner that aims:	
	to actively engage the person in the assessment process
	to help the person identify the factors generating and maintaining crisis
	to identify interventions that will help to keep them safe
An ability to help the person manage the potential distress associated with discussing difficult material by:	
	ensuring that they understand the rationale for the assessment questions
	discussing how they might like to manage distress both during and after the interview (for example, by taking a break)

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helping them to manage distress if this becomes apparent and/or overwhelming

An ability to draw on knowledge that the process of assessment needs to be responsive to any interpersonal issues that threaten the integrity of the assessment, for example where there is evidence that the person:
has negative expectations based on prior adverse and/or traumatising experiences with the health or social care system
perceives the assessor as an authority figure who is judging them
expects the assessor to fail them

Assessment

An ability to conduct a risk assessment that explores and understands the specific functions of self-harm for an individual and offers personalised risk management and intervention opportunities
An ability to identify and utilise historical information in a way that mitigates the impact of repeated assessments (e.g. by summarising what is already known), while recognising that information may change and require updating

An ability to assess potential key factors, including:
severity and method of self-harm and the motivations behind this behaviour
links between self-harm and suicidal ideation and behaviour
suicidal ideation and behaviours that are linked to suicidal intent
psychiatric conditions (including any psychiatric history and/or recent discharge from in-patient or crisis mental health services)
psychological vulnerabilities (e.g. hopelessness)
psychosocial vulnerabilities (e.g. recent loss, homelessness, experience of abuse)

An ability to work with the person to identify behaviours (both currently and in the past) that relate to suicidal intent (such as preparing a will, writing a note, saying goodbye to significant others, acquiring the means to end life)

An ability to discuss with the person the specific characteristics of suicide attempts (e.g. level of intent to die, level of regret about not dying, the function of the attempt, whether precautions against discovery were taken), and use this to estimate the likelihood of future acts
An ability to help the person identify protective factors that are meaningful to them, and which may be associated with decreased thoughts of suicide or feelings that life was not worth living, such as:

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| attitudes or beliefs (e.g. hopefulness, reasons for living, a wish to live, a belief that suicide goes against their moral code) |
| a sense that it may be possible to manage the problem area associated with the suicidal crisis |
| a supportive social network |
| a fear of death, dying or suicide |

Assessing cognitive factors associated with self-harm and/or suicide

An ability to work with the person to identify cognitions that focus on suicide (including their content, duration, frequency and intensity of suicidal thinking, and the level of intent to die)	
	currently
	at their most severe, in the immediate past and previously

Assessing interpersonal factors associated with self-harm and/or suicide

| An ability to assess a sense of social isolation, for example: |
| the perceived absence of caring, meaningful connections to others |
| the absence of friends or relatives the person can call when upset |
| recent losses through death or relationship breakdown |
| conflict with peers or bullying |
| An ability to assess a sense of being a burden on significant others, for example: |
| expressing the view that others would be better off if the person was gone |
| expressing the view that the person is a burden on other people |
| recent stressors that undermine a sense of self-competence (e.g. job loss, exam failure) |
| An ability to assess 'markers' that indicate the development of a capability to carry out suicide or self-harm (usually experiences that foster a diminished fear of pain and self-inflicted injury) e.g.: |
| current markers, such as: |
| fearlessness about injury or death |
| prolonged ideation and/or preoccupation about suicide |
| highly detailed and concrete plans for suicide |
| specified time and place for suicide |

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if self-harm has taken place, an intent to die at the time of injury
current and past experiences, e.g.:
previous suicide attempts (and especially multiple suicide attempts)
aborted suicide attempts
regret at surviving attempts
self-harming behaviours
exposure to childhood physical and/or sexual violence
participation in painful and provocative activities (e.g. jumping from high places, engaging in physical fights)
patterns of self-harm associated with substance use, e.g.:
previous self-harm attempts that have occurred when drinking
changes in thought patterns associated with drinking which are associated with self-harm
failure to control excess drinking which is associated with self-harming behaviour or suicide attempts

Assessing internet use and online life

An ability to draw on knowledge of the potential risks as well as the potential benefits of internet use in relation to suicidal behaviour and self-harm e.g.:
its potential to increase risk by 'normalising' self-harm, triggering and competition between users, or acting a source of contagion
its potential to decrease risk by creating a sense of community, offering crisis support and reducing social isolation
An ability to draw on knowledge that increased use of the internet to view suicide-related material is a potential marker of suicide risk
An ability to ask directly about the person's online life and internet use, for example:
the sites or applications that they access regularly and the purpose or intention of use
the frequency with which they access sites or applications
the impact on their mood, suicidal ideation, daily life and functioning.
An ability to respond to disclosure of potentially adverse experiences (such as exposure to cyberbullying or being encouraged to self-harm) by helping the person to identify ways in which the impact of these experiences can be mitigated

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Developing a risk management plan

An ability to develop a risk management plan that balances the need for safety and the need for autonomy and agency in the person's life
An ability to judge the appropriate level of intervention, guided by the presence and strength of risk and protective factors, and to evaluate the need for:
inpatient, outpatient or community-based crisis or intensive support
additional follow-up meetings to assess and manage ongoing risk
referral to other agencies
signposting to other organisations
obtaining more information from other sources
informing other clinicians or agencies of the level of risk
informing family members/significant others of the level of risk

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4.4. Assessment of risk and needs in relation to violent ideation and risk of harm to others

> This section overlaps with the 'Assessment of risk and need in relation to suicide and self-harm'. The principles set out in that document apply here.

Engagement

An ability to conduct risk management collaboratively, based on a relationship with the individual and their carers that is:
as trusting as possible
within which relational boundaries are clearly defined and mutually understood (e.g. the duty of the PA to disclose to other members of the MDT when a patient indicates an intention to harm others)

An ability to use risk assessment tools as a way of mediating conversations about risk, and to develop the relationship with the patient

An ability to allow the patient to express strong emotions in order to allow them to 'ventilate'
an ability to judge when threats of harm to others are part of ventilation, and when they represent an actual (rather than perceived) threat

Assessment

An ability to draw on multiple sources of information to determine the patient's history of acts of harm to others, the specific circumstances that led up to these events and the consequences of such acts
An ability to identify any previous involvement with services, so as to access information about past history and behaviour (e.g. previous inpatient admissions, admissions to forensic units, involvement with the criminal justice system)

An ability to draw on multiple sources of information in order to assess and manage risk of harm to others in a proportionate, considered, non-reactive and evidence-based manner, for example:
conversations and interactions with the patient
available sources of information (e.g. care notes from previous admissions, or from other services or agencies)
informed perspectives (e.g. care team members, family and carers, external agency workers directly involved with the individual)

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Where there are grounds for concern about informants being at active and direct risk from the patient, an ability to judge when it is appropriate to meet with them independently of the patient

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An ability to seek specific information about factors that have direct bearing on appraising the level of risk, e.g.
the patient's explanation for threatened acts of harm to others
the motivation for such acts
the likely targets for such acts
factors that might mitigate or potentiate such acts (including the patient's current level of capacity)
the imminence of threat

Constructing a risk management plan

An ability to use clinical judgment in order to arrive at a risk management plan that:
represents a balanced appraisal of the likelihood and immediacy of harm to others
is closely based on available evidence (so as to reduce the likelihood of under- or over-estimating risk)
indicates the actions to be taken to mitigate risk
is clearly communicated verbally and in writing to all relevant parties and agencies
Where there are significant differences of opinion regarding the level of risk among informants or among members of the team, an ability to ensure that these are discussed openly, understood and resolved (for example by considering the evidence for these different points of view)

An ability to construct risk management plans in a way that maximises the involvement of the patient and carers, taking into account their age and mental capacity
An ability to implement positive risk management as part of the management plan (balancing necessary levels of protection while preserving reasonable levels of choice and control)

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4.5. Knowledge of, and ability to assess, capacity

Knowledge of how capacity is defined

An ability to draw on knowledge that relevant legislation on capacity applies to adults over the age of 16 who (by reason of mental health problems or because of an inability to communicate because of physical disability) may be deemed to lack capacity if they meet one or more of the following criteria, and are incapable of:
acting, or
making decisions, or
communicating decisions, or
understanding decisions, or
retaining the memory of decisions
An ability to draw on knowledge that where an individual is judged not to have capacity, any actions taken should:
be of benefit to them
be the least restrictive intervention
take account of their wishes, preferences and feelings
take account of the views of relevant others
encourage independence
An ability to draw on knowledge that capacity should be assessed in relation to major decisions that affect peoples' lives (e.g. finance (e.g. managing day-to-day finances), safety/risk taking, appraisal of their health needs)
an ability to draw on knowledge that capacity is not 'all or nothing' and may vary across specific areas of functioning, (e.g. a person with dementia may be able to give informed consent about management of a health condition but be unable to manage their finances)
An ability to draw on knowledge that incapacity can be temporary, indefinite, permanent or fluctuating, and that it is important to consider the likely degree, duration and nature of the incapacity
An ability to draw on knowledge that diagnosis alone cannot be used to make assumptions about capacity

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Assessment of 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:
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)
using visual aids

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

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4.6. Ability to formulate and identify and deliver a treatment plan

> Formulation is a way of making sense of difficulties in order to develop solutions through a treatment plan.
>
> In many settings formulation is a process (rather than an end-point), with different functions. These include exploring, understanding and improving responses to problems as well as collaboratively co-constructing shared meaning with service users.

Knowledge

An ability to draw on knowledge that the aim of a formulation is to understand the development and maintenance of the person's difficulties, and that formulations:
are tailored to the individual person and their partners/carers/family
comprise a set of hypotheses or plausible explanations which draw on theory and research to understand the specific details of the person's presentation (as identified through assessment)

An ability to draw on knowledge that models of formulation include:
'generic' formulations, which draw on biomedical, psychological and social theory and research
'model-specific' formulations, which conceptualise a presentation in relation to a specific therapeutic model and which usually overlap the generic formulation

An ability to draw on knowledge that the formulation should usually be explicitly shared and co-constructed with the person and their significant others

An ability to draw on knowledge that formulations should be reviewed and revised as further information emerges during ongoing contact with all parties.

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. trauma, neurodevelopmental difficulties, insecure attachment to caregiver, caregiver marital difficulties).

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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 home or retirement)

maintaining factors that might perpetuate psychological problems once they have developed (e.g. unhelpful coping strategies, inadvertent reinforcement of behaviours that challenge).

protective factors that might prevent a problem from becoming worse or may be enlisted to ameliorate the presenting problems (e.g. a person's capacity to reflect on their circumstances, good family communication and support).

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 generate a comprehensive list of all the presenting problems.

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

when a person's behaviour differs depending on the context .

An ability to understand the person's inner world, affective and interpersonal experiences and frame them in a developmental and contextual perspective.

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 person and their partner/family/carer'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 an increased risk of mental health difficulties.

theory and research that identifies biological, psychological and social factors

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associated with mental well-being (e.g., good physical health, good social support network)
knowledge of normal child development and developmental processes (in order to identify delays in the person's development)
associations between the onset, intensity and frequency of presenting problem(s) and the presence of factors in the person'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 construct a comprehensive account that demonstrates an understanding of the person's inner world, affective and interpersonal experiences and frame them in a developmental and contextual perspective:

Implementing the formulation

An ability to identify an intervention plan that accommodates and addresses the issues identified by the assessment and the formulation
An ability to revise the formulation in the light of feedback, new information or changing circumstance
An ability to use team reflections and responses, alongside evidence, to make sense of the maintenance of difficulties and identify team-level changes that might need to be made to address these

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4.7. Communicating and recording the outcomes from an assessment and formulation

An ability to communicate the findings from an assessment:
verbally:
with the person
(with the patient's consent, where required) with relevant significant others of the person
with other members of the team
with agencies/individuals who made the referral or who have a responsibility for the person's care
in writing:
in the person's case/care records, in accordance with local procedures and policy
in reports to agencies/individuals who made the referral or who have a responsibility for the person's care

An ability to adapt the pace, amount of information and level of complexity to the recipient(s) of information in order to ensure that it is legible and relevant to them, and conforms to general principles of confidentiality

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4.8. Ability to collaboratively engage all relevant parties with the treatment model

An ability to engage the person and where relevant their significant others in a collaborative discussion of the treatment options open to them, informed by the information gleaned through assessment, the formulation emerging from the assessment, and the person's aims, preferences and goals
An ability to convey information about treatment options in a manner that is tailored to the person's capacities and that encourages them to raise and discuss queries and/or concerns
An ability to provide the person with sufficient information about the treatment and intervention options open to them, such that:
they are aware of the range of options available to clients in the service
they are in a position to make an informed choice from among the options available to them
An ability to ensure that service users have a clear understanding of the models or approaches being offered to them (e.g. the purpose and broad content of each intervention and the way it usually progresses)
While maintaining a positive stance, an ability to convey a realistic sense of:
the effectiveness and scope of each intervention
any challenges associated with each intervention
An ability to use clinical judgment to determine whether the person's agreement to pursue an intervention is based on a collaborative choice (rather than being a passive agreement, or as an agreement which they experience as imposed on them)

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4.9. Ability to co-ordinate casework across different agencies and/or individuals

> 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 an emphasis on the welfare of the service user should be the overarching focus of all intra- and interagency work
An ability to ensure that communication with professionals both within and across agencies is effective by ensuring:

that their perspectives and concerns are listened to
that there is explicit acknowledgement of any areas where perspectives and concerns are held in common, and where there are differences
where differences in perspective or concern are identified, an ability to identify and act on any implications for the delivery of an effective intervention

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 identified service user (including response to risk and identification of care pathways)

where there is insufficient information, an ability to identify the information required and to request this from the referrer and/or partner agencies

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
Where a decision is taken to place service users 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 service user and their family
An ability to establish/clarify the roles/responsibilities of other agencies in relation to the various domains of the service user's life
An ability to discuss issues of consent and confidentiality in relation to the sharing of information across agencies with the service user and their family 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 service user'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 service user's functioning, and the ways in which this may manifest in other settings
understanding what it means for the service user 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

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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 service user and their family

An ability to ensure that the service user and/or their family are informed of any interagency discussions and the associated outcomes.
When deemed appropriate, an ability to include the service user and/or their family in any interagency meetings.
An ability to support service users 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 service users 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

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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 service user'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 service user'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 service user's welfare

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Discharge and monitoring phase

An ability to inform all relevant agencies where there is an intention to discharge the service user
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 service users 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 service user

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4.10. Ability to make use of relevant measures and systems (including monitoring of outcomes)

Knowledge of commonly used measures

An ability to draw on knowledge of validated measures commonly used as part of an assessment and when evaluating their outcomes in domains such as:
measures that help to identify specific symptoms of a disorder
measures that help to identify symptoms of coexisting mental disorders
measures of risk (including self-harm and harm to others)
measures of functioning and adaptation (including interpersonal, work and social functioning)
measures that tap the service user's experience of services
measures that reflect the service user's use of services(e.g. duration of inpatient stays)

Knowledge of the purpose and application of measures

An ability to draw on knowledge of the purpose of the measure (i.e. what it specifically aims to detect or to measure), for example:
measures used in a comprehensive assessment to assess particular clinical symptoms (e.g. symptoms of depression or psychosis).
measures used in outcome evaluation that are sensitive to change.
An ability to draw on knowledge relevant to the application of a measure (such as its psychometric properties (including norms, validity, reliability)
the training required in order to administer the measure
scoring and interpretation procedures
guidance on the confidentiality of the measure and how results should be shared with the individual, other professionals and families.
characteristics of the test that may influence its use (e.g. brevity, or 'user friendliness')
An ability to draw on knowledge of procedures for scoring and for interpretation of the measure.

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Ability to administer measures

An ability to judge when a person may need assistance when completing a scale
An ability to take into account a person's attitude to the scale, and their behaviours while completing it, when interpreting the results
An ability to score and interpret the results of the scale using the scale manual guidelines
An ability to interpret information obtained from the scale in the context of assessment and evaluation information obtained by other means.

An ability to select and make use of outcome measures

An ability to integrate outcome measurement into the intervention or treatment programme

An ability to draw on knowledge that a single measure of outcome will fail to capture the complexities of a person's functioning, and that these complexities can be assessed by:
measures focusing on a person's functioning drawn from different perspectives (e.g. person, family member, professional).
measures using different technologies such as global ratings, specific symptom ratings and frequency of behaviour counts.
measures assessing different domains of functioning (e.g. home and work functioning).
measures that assess different symptom domains (e.g. affect, cognition and behaviour)

An ability to select measurement instruments that are designed to detect changes in the aspects of functioning that are the targets of the intervention.
An ability to draw on knowledge that pre- and post-intervention measures are a more rigorous test of improvement than the use of retrospective ratings.

Ability to use diaries

Knowledge

An ability to draw on knowledge of the ways in which systematic recording is used to

help identify the function of a specific behaviours by analysing its antecedents and consequences (i.e. what leads up to the behaviour, and what happens after the behaviour has occurred).

Ability to integrate systematic 'diary recordings' into assessment and intervention

An ability to explain and demonstrate the use of self-completed frequency charts (designed to record the frequency of target behaviours)
An ability to explain and demonstrate the use of self-completed behavioural diaries (designed to record problematic or desired behaviours and their antecedents and consequences).
An ability to explain the function of structured charts to clients, and to help them use charts to monitor their own behaviour.
An ability to review completed frequency charts and behaviour diaries with a client in order to:
find out the client's interpretation of the data
find out how easy it was for the client to record information
motivate them to carry out any further data collection
An ability to use diary and chart information to help assess the frequency of problems, degree of distress caused, antecedents and patterns of behaviour and reinforcement.

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