



CPD Online Take-home notes

Assessment of personality

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In the first section of this module we examined the purpose of assessment, and identified techniques which may facilitate a good or poor assessment. We looked at the qualities of an interview starting off inappropriately and one starting well.

Why assess personality?

- To get a rough idea of the underlying person behind the presenting problem (which very rarely is disclosed as an important issue).
- To identify features that are likely to be important in both treatment and prognosis.
- To make an assessment of persistent behavioural and attitudinal styles, particularly those that have an influence on management and outcome.

How *not* to start off the interview!

- By mentioning 'personality disorder' in your conversation.
- By using 'jargon'.
- By introducing the subject in a way that implies the existence of a problem with personality.

How to start off the interview well

- By *not* mentioning 'personality disorder' nor any of the associated jargon.
- By *not* implying there is a problem with personality.
- By handling the subject sensitively.
- By asking open-ended questions and using the proxy of a third person, such as 'How would people who know you describe you?'

In section two we identified ways we can continue to develop the assessment, raise the subject of any personality pathology and strengths, and foster a general spirit of therapeutic enquiry.

How *not* to develop the assessment at interview!

- By asking the subject closed questions about personality pathology rather than strengths.
- By implying the subject does have a personality disorder.
- By putting the subject on the defensive.

How to develop the assessment at interview well

- Through genuine collaboration with the subject.
- By seeking to elucidate the facts rather than attach a label.
- By fostering a general spirit of therapeutic enquiry.

In section three we learned that personality disorders are the least stable of almost all psychiatric diagnoses. ([Seivewright *et al*, 2002](#), [Baca-Garcia *et al*, 2007](#)).

- We considered the range of personality styles that cover all people and examined the four cluster profiles:

A – Odd or eccentric group

B – Flamboyant, dramatic or erratic group

C – Anxious or fearful group

D – Obsessional or fussy group

- It is better to think of personality in terms of dimensions linked to clusters of abnormalities of personality.
- The official DSM classification uses these clusters apart from cluster D, which is officially combined with cluster C.
- We used these clusters to summarise the personality of our subject as well as further case vignettes.

In section four we learned that personality only becomes a problem when it creates handicap in terms of relationships and in general functioning.

- We looked at the assessment of handicap, and assessment of the severity of handicap.
- In making the assessment, the extent to which the problems created cause minor or major problems in the patient's life are determined, taking care to ensure that mental state problems are not confused with personality functioning.
- If there are problems in more than one of the personality domains the severity is deemed to be greater.

- Level of severity is classified as:

0 – no significant personality disturbance

1 – personality difficulty

2 – simple personality disorder

3 – complex or diffuse personality disorder

4 – severe personality disorder

- We considered the two types of personality when it comes to treatment: Type R (treatment resisting) and Type S (treatment seeking).
- Most people have Type R personalities and do not want to change them ([Tyrer et al, 2003](#)).
- We looked at studies ([Tyrer et al, 2004](#)) which show the influence of personality disorders on symptom outcome and how useful severity classification appears in practice.

References

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