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1.0 Descriptive summary of station:

In this station, the candidate is to address the concerns of Maryanne relating to her daughter, Talia, who has recently been diagnosed with Borderline Personality Disorder / emotionally unstable personality disorder (EUPD). Talia is 22 years old, and has been frequently cutting, and has visible scars on both arms and both legs. She has been offered a place in a Dialectical Behaviour Therapy Programme (DBT). Her mother does not accept or believe that her daughter has this condition, and has her own ideas on how to manage the situation which the candidate needs to address.

1.1 The main assessment aims are to:

- Outline the main features of borderline personality disorder to the mother.
- Explain to the mother that her daughter self-harms as a way to manage her feelings, and that feelings of being rejected are frequently a trigger.
- Describe the main features and components of DBT.
- Address the mother's concerns empathically.

1.2 The candidate MUST demonstrate the following to achieve the required standard:

- Demonstrate knowledge of DSM or ICD criteria for Borderline Personality Disorder.
- Explain that self-harm is usually a way of managing strong feelings and that perceived rejection is often the trigger.
- Include the four (4) skills modules in the description of DBT.
- De-escalate the mother's hostility around her perception that her daughter should lose weight and go to the gym.

1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category:** Personality Disorders
- **Area of Practice:** Adult Psychiatry
- **CanMEDS Domains:** Medical Expert, Communicator
- **RANZCP 2012 Fellowship Program Learning Outcomes:** Medical Expert (Diagnosis, Formulation, Management – Therapy), Communicator (Conflict Management)

References:

- Bateman and Fonagy. Mentalisation-based treatment for Borderline Personality Disorder. Oxford 2006.
- Linehan M. DBT Skills Training Manual. Guildford Press 2014.
- Linehan M. Understanding Borderline Personality Disorder. The Dialectical approach. Guildford Press 2006.
- National Health and Medical Research Council. Clinical Practice Guideline for the Management of Borderline Personality Disorder. Melbourne: National Health and Medical Research Council; 2012.
- National Institute for Clinical Excellence (2009). Borderline personality disorder - treatment and management. NICE clinical guideline 78. London, UK. Available at <http://guidance.nice.org.uk/CG78>.
- Borderline personality disorder: Towards Effective Treatment. J Beatson, S Rao and C Watson, 2010.

1.4 Station requirements:

- Standard consulting room.
- Four chairs (examiner x 1, role player x 1, candidate x 1, observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- Role player: woman mid 40's; dressed in smart active wear and well made up – makeup is on the heavy side.
- Pen for candidate.
- Timer and batteries for examiner.

2.0 Instructions to Candidate

You have **eight (8) minutes** to complete this station after **two (2) minutes** of reading time.

You are working as a junior consultant psychiatrist in the adult community mental health team. Today you are meeting Maryanne, who is the mother of your patient Tahlia. Tahlia is a 22-year-old single woman recently diagnosed with Borderline Personality Disorder. Tahlia is cutting herself frequently, mostly superficial, but Tahlia has scars all over her arms and legs. She is looking forward to starting the Dialectical Behaviour Therapy (DBT) programme into which she has been accepted, and Tahlia has asked you to meet her mother to explain her diagnosis and the recommended treatment.

Your tasks are to:

- Outline the main features of Borderline Personality Disorder to Maryanne.
- Help Maryanne to better understand why her daughter self-harms.
- Explain the main features of DBT to Maryanne.

You will not receive any time prompts.

Station 8 - Operation Summary

Prior to examination:

- Check the arrangement of the room, including seating and other specifics to your scenario.
- On the desk, in clear view of the candidate, place:
 - A copy of 'Instructions to Candidate' and any other candidate material specific to the station.
 - Pens.
 - Water and tissues (available for candidate use).
- Do a final rehearsal with your role player.

During examination:

- Please ensure mark sheets and other station information, are out of candidate's view.
- At the **first bell**, take your places.
- At the **second bell**, start your timer, check candidate ID number on entry.
- TAKE NOTE there are no cues / scripted prompt for you to give.
- DO NOT redirect or prompt the candidate unless scripted – the role player has prompts to use to keep to the aims.
- If the candidate asks you for information or clarification say:
'Your information is in front of you – you are to do the best you can'.
- At **eight (8) minutes**, as indicated by the timer, the final bell will ring. Finish the examination immediately.

At conclusion of examination:

- Retrieve all station material from the candidate.
- Complete marking and place your mark sheet in an envelope by / under the door for collection (**do not seal envelope**).
- Ensure room is set up again for next candidate. (See 'Prior to examination' above.)

If a candidate elects to finish early after the final task:

- You are to state the following:

'Are you satisfied you have completed the task(s)?

If so, you must remain in the room and NOT proceed to the next station until the bell rings'.

- If the candidate asks if you think they should finish or have done enough etc., refer them back to their instructions and ask them to decide whether they believe they have completed the task(s).

3.0 Instructions to Examiner

3.1 In this station, your role is to:

Observe the activity undertaken in the station, and judge it according to the station assessment aims and defined tasks as outlined in 1.1 and 1.2.

When the candidate enters the room, briefly check ID number.

The role player opens with the following statement:

'I want to help Tahlia, but I really can't understand why she does these terrible things to herself.'

3.2 Background information for examiners

In this station, the candidate is expected to engage with Maryanne, the mother of a young woman with Borderline Personality Disorder, and empathically address her concerns. Tahlia, her daughter, has a history of cutting her own limbs on several occasions. The lacerations have been frequent, required surgical treatment, and have resulted in marked scarring. The scarring concerns her mother who is very conscious of physical appearance, and will express her perception that her daughter should just lose weight and go to the gym. This will lead Maryanne to react in a hostile manner towards the candidate if they do not address this in a sensitive manner with alternate evidence.

Maryanne wants to know the diagnosis of her daughter, as well as what triggers the self-harm. Tahlia has been offered a position in a Dialectical Behaviour Therapy Programme (DBT). Maryanne would also like to know what this is and how it will help.

In order to 'Achieve' this station the candidate **MUST**:

- Demonstrate knowledge of DSM or ICD criteria for Borderline Personality Disorder.
- Explain that self-harm is usually a way of managing strong feelings and that perceived rejection is often the trigger.
- Include the four (4) skills modules in the description of DBT.
- De-escalate the mother's hostility around her perception that her daughter should lose weight and go to the gym.

A surpassing candidate may rapidly identify the mother's ideas about the importance of appearance and preempt any hostility in a sensitive manner. They may be able to demonstrate a very comprehensive understanding of how DBT will specifically address Tahlia's presentation.

Borderline Personality Disorder (BPD) is characterised by instability in affect and mood, resulting in impulsiveness and unstable relationships. People with BPD often have an associated instability in their sense of identity and there is often, but not always, a history of neglect or abuse in childhood.

BPD is associated with disorganised attachment styles. Alternately idealising and denigrating within relationships can contribute to splitting that can occur between the patient and clinical team members, between the family and the team, or within the team. Keeping this in mind, Maryanne could be seen as wanting to help her daughter, but is finding it difficult to understand her daughter's struggle. Her hostile feelings towards her daughter can easily be split off and directed towards the treating team. The candidate is expected to recognise this, and respond in a way that deescalates the split using active listening, and empathising with the situation Maryanne finds herself in.

DSM 5 criteria for borderline personality disorder:

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Frantic efforts to avoid real or imagined abandonment. (Note: Do not include suicidal or self-mutilating behaviour covered in Criterion 5.)
2. A pattern of unstable and intense interpersonal relationships characterised by alternating between extremes of idealisation and devaluation.
3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). (Note: Do not include suicidal or self-mutilating behaviour covered in Criterion 5.)

5. Recurrent suicidal behaviour, gestures, or threats or self-mutilating behaviour.
6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days).
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress-related paranoid ideation or severe dissociative symptoms.

ICD-10 diagnostic criteria for emotionally unstable personality disorder, borderline type:

Emotionally unstable personality disorder is characterised by:

- a definite tendency to act impulsively and without consideration of the consequence
- unpredictable and capricious mood
- liability to outbursts of emotion and an incapacity to control the behavioural explosions
- tendency to quarrelsome behaviour and to conflicts with others, especially when impulsive acts are thwarted or censored.

Two types may be distinguished: impulsive type and borderline type.

The borderline type is characterised by disturbances in self-image, aims, and internal preferences, by chronic feelings of emptiness, by intense and unstable interpersonal relationships, and by a tendency to self-destructive behaviour, including suicidal gestures and suicide attempts.

Treatment Options

Borderline personality disorder has been shown to benefit from several types of semi structured psychotherapy. DBT, Mentalisation Based Psychotherapy and Schema therapy have all been studied and shown to be helpful.

DBT is a cognitive behavioural treatment developed by Marsha Linehan for BPD, which has now been shown to be helpful for a range of other problems, including substance misuse, eating disorders, depression and PTSD. DBT is not a suicide prevention programme, but there is a strong focus on teaching the patient skills to assist them to lead more meaningful lives.

According to Marsha Linehan (<http://depts.washington.edu/uwbrtc/about-us/dialectical-behavior-therapy/>)

'The term 'dialectical' means the synthesis or integration of opposites. The primary dialectic is between acceptance and change. In DBT the patient is helped both to accept their feelings, as well as build skills to change how they respond to things. The goal is to help the patient achieve a life worth living.'

DBT can be delivered in a comprehensive format over six to twelve months, or can be used as part of an individual psychotherapy.

There are four components of comprehensive DBT:

- *SKILLS TRAINING weekly group, usually 2 1/2 hours where the skills are introduced.*
- *INDIVIDUAL THERAPY, looking specifically at how each individual can apply the skills in their life.*
- *DBT PHONE COACHING, the therapist is available to coach the client in the skills when problems arise.*
- *DBT CONSULTATION TEAM, where the therapists receive supervision and peer support.*

There are four behavioural skill modules. Mindfulness, and Distress Tolerance are acceptance oriented skills, whereas Interpersonal Effectiveness, and Emotional Regulation are change oriented skills.

Acceptance oriented skills

- **MINDFULNESS** the practice of being fully aware and present in this one moment. This is a foundational skill, to pay attention to the present moment, including strong emotions, without judgement, and with acceptance.
- **DISTRESS TOLERANCE** how to tolerate pain, not change it. Skills taught in this module will include:
 - Distraction (acronym **ACCEPTS** Activities, Contribute, Comparisons, Emotions, Push away, Thoughts, Sensations)
 - Self-soothing
 - Improve the moment (acronym **IMPROVE** Imagery, Meaning, Prayer, Relaxation, One thing, Vacation (brief), Encouragement)
 - Change oriented skills.
- **INTERPERSONAL EFFECTIVENESS** how to ask for what you want, and say no while maintaining self-respect and relationship with others. Modules include how to communicate your needs (acronym **DEAR MAN** Describe, Express, Assert, Reinforce, Mindful focus, Appear assertive, Negotiate).
- **EMOTIONAL REGULATION** how to decrease vulnerability to painful emotions, and change emotions you want to change. Skills taught in this module will include identifying and naming emotions, identifying obstacles to changing emotions, increasing positive emotions, to experience current emotions mindfully, take opposite action, and apply distress tolerance techniques.

Groups are usually led by two trained leaders. After a session start up, and review of the previous week's homework and practise, the new material is presented with the homework task. The group ends with a wind down exercise.

The duration of the comprehensive treatment is usually one year. To remain in the programme, the patient must comply with rules about attendance. Usually if a patient misses four consecutive groups, they will not be permitted to continue. They must agree to not entering into intimate relationships with other group members. Patients are able to contact their therapist by phone or email, although each centre will determine the hours of phone contact that are possible.

The hierarchy of treatment targets guides the therapist's priorities:

- life threatening behaviour
- therapy interfering behaviour
- quality of life behaviours
- skills acquisition.

There are four (4) stages of treatment that give a framework for identifying priorities, as summarised below.

Stage 1	Getting control over own behavioural responses. To reduce dangerous and life threatening behaviours, e.g., suicidality, self-harm, impulsivity, reducing crises.
Stage 2	Focussing on emotional experiences, including shame, self-doubt, blaming. Goal is to reduce the symptoms of PTSD whilst focussing on past trauma.
Stage 3	Daily problem solving. Goal is to feel in control of life with joy; includes goal setting, asking for help, exploring happiness.
Stage 4	Self-actualisation, self-fulfilment, integration, adaptation and acceptance of the self.

(tabulated from www.depts.washington.edu)

Tools

A. CHAIN ANALYSIS (Behavioural Analysis), is the step by step assessment of a problem behaviour, including the triggers and the consequences.

1. Describe the PROBLEM (thoughts, feelings, behaviour).
2. Describe the PRECIPITANTS.
3. Identify VULNERABILITY factors.
4. Describe the CHAIN OF EVENTS that have lead up to the problem behaviour in great detail.
5. Describe the CONSEQUENCES of the behaviour, including reinforcers.
6. Describe different SOLUTIONS.
7. Describe in detail PREVENTION strategies.
8. Describe REPAIRS.

B. DIARY CARDS are used to track emotions and behaviours.

3.3 The Standard Required

Surpasses the Standard – the candidate demonstrates competence above the level of a junior consultant psychiatrist in several of the domains described below.

Achieves the Standard – the candidate demonstrates competence expected of a junior consultant psychiatrist. That is the candidate is able to demonstrate, *taking their performance in the examination overall*, that

- i. they have competence as a **medical expert** who can apply psychiatric knowledge including medicolegal expertise, clinical skills and professional attitudes in the care of patients (such attitudes may include an ability to tolerate uncertainty, balance, open-mindedness, curiosity, 'common sense' and a scientific approach).
- ii. they can act as a **communicator** who effectively facilitates the doctor patient relationship.
- iii. they can **collaborate** effectively within a healthcare team to optimise patient care.
- iv. they can act as **managers** in healthcare organisations who contribute to the effectiveness of the healthcare system, organise sustainable practices and make decisions about allocating resources.
- v. they can act as **health advocates** to advance the health and wellbeing of individual patients, communities and populations.
- vi. they can act as **scholars** who demonstrate a life-long commitment to learning as well as the creation, dissemination, application and translation of medical knowledge.
- vii. they can act as **professionals** who are committed to ethical practice and high personal standards of behaviour.

Below the Standard – the candidate demonstrates significant defects in several of the domains listed above.

Domain Not Addressed – the candidate demonstrates significant defects in all of the domains listed above or the candidate demonstrates significant defects in the first domain of being a medical expert.

4.0 Instructions to the Role Player

4.1 This is the information you need to memorise for your role:

You are Maryanne, a 44-year-old woman who has come to the outpatient clinic to talk to your daughter's psychiatrist at your daughter Tahlia's request. Your daughter is 22 years old.

Tahlia experiences a range of psychological disturbances, and harms herself when she is distressed. She has asked you to talk to her psychiatrist because she wants you to better understand what she is going through, and to discuss treatment approach that she has been offered. You are aware this treatment is called 'DBT', but don't really know what that is. Your opinion is that Tahlia just needs to think more about her physical appearance and get some exercise.

Tahlia is not currently working or studying, and is supported by you. She completed Year 12 at school, and did not go to university. She has previously had a few jobs in retail, but none since she has been with you.

She has come to live with you and your second husband, Paul, about six months ago. Previously she had been living with your ex-husband Graeme, her father, in Perth. The reason Tahlia had come to live with you was to try to get away from the friends she had when she was living with Graeme. Graeme told you they were 'a bad lot', but you do not know what he meant by that.

It has been really difficult having Tahlia come to stay. You love the thought of having your daughter around, but cannot cope with the things she does. She has had several short admissions to hospital with self-inflicted lacerations – she cuts her arms and legs. The last one was really bad. Tahlia had cut her arm so badly that she had needed to have two tendons repaired. She was at home and you had thought everything was okay. You had dinner together as a family. Your younger daughter, Mia, aged 14, had been very excited about winning a dance competition, and you had a little celebration at home. Tahlia had been a bit quiet, but seemed to be happy for Mia. Tahlia went to her room after dinner, as she usually does, but then woke you up at around 11.30pm. There was blood everywhere. This was the third time she had needed surgery to repair a laceration. You hate the terrible scars that have been left as a result of her cutting.

Shortly after she moved in with you, Tahlia met a young man called Cody with whom she had a relationship. You did not like him much but did not know him well. However, you know that they had been using drugs together – cigarettes and dope (marijuana), but maybe even some of the stronger stuff. She did self-harm after arguments with Cody, and when they split up. You are pleased that this relationship has ended.

If the candidate asks you about the following issues please provide the information below:

You are concerned that Tahlia is still smoking some dope, and you worry that she might use other drugs, but she denies it and you have no evidence. At least she doesn't drink alcohol at all.

Tahlia had tried a bit to reconnect with her friends from when she lived here previously in her teens, but found that she hasn't got much in common with them. You think she tends to be unforgiving if her friends do something to upset her.

Tahlia has also had problems with eating. She goes through periods of eating very little, then she will eat secretly and all the treats in the pantry will be gone. You think she sometimes intentionally vomits. Her weight goes up and down a bit, but it is not extreme. She isn't actually overweight, but you think she would be more confident if she was slimmer. You are a personal trainer, and think that it's important to look after your body. You like to go to the gym, and recognise that you use the gym as a way of managing stress. You think that if she exercised regularly she would feel better about herself, as this works for you. You firmly believe that if she went to the gym more, and if she lost weight, she would feel a lot better about herself, and would manage stress better. You also try to encourage her to wear makeup and present herself better, because she could be really pretty if she tried harder.

Tahlia is a very moody girl and her moods are unpredictable. You have no idea what gets her upset. One minute she looks fine, and then you find her crying or even cutting. You do not think she is depressed as she does not remain that way for long periods of time. She has never reported hearing voices or feeling that she is being watched or followed.

About your and Tahlia's family background:

You had separated from Graeme when Tahlia was four years old. It was a difficult and bitter break up. For the first few years, Tahlia had lived one week with you and the other with Graeme. Both you and Graeme met new partners, and had new families. When Tahlia was 14, Graeme had taken a job in Perth. She visited him in the holidays. As a teenager Tahlia had been quite temperamental. You and Paul had tried to set some limits, but there was a lot of conflict. When she was 16, she decided to go and live with Graeme. He was always very busy with his work, and you thought she took advantage of this, and was pretty wild. She would still come to visit you on holidays, but you were not close.

If you are asked about childhood sexual abuse, Tahlia was sexually abused by a non-family member when she was nine. You do not know much about it as she was staying with Graeme at that time. You had two small children with Paul, and had asked Graeme to have her for a while as you were struggling a bit. You know that she had moved schools because of the assault, and it had all settled down. You and Graeme had both agreed that it was best to not make a big deal of it. You have never spoken to her about it.

If you are asked, no one in the family has any history of mental illness. Tahlia was the only child from your first marriage, and you have two more girls, Mia 14 and Krystal 16, with Paul. You would rather not talk about what went wrong with you and Graeme. It is not important but your current marriage is stable, and no one has any problems, but you do worry about the effect Tahlia's behaviour will have on the younger girls.

4.2 How to play the role:

You are well presented and smartly dressed, preferably in tight gym clothes, otherwise a chic outfit. You clearly take a pride in your appearance. You can wear quite heavy makeup.

You are really worried about Tahlia, and at your wits end about how to help her. You are very frightened at the possibility that she may kill herself either by cutting or some other accidental way. You are also worried about her weight and eating habits, and think she should exercise more.

If the candidate does not appear to listen to your ideas and respect your opinion, then you can respond in a more irritable manner.

4.3 Opening statement

'I want to help Tahlia, but I really can't understand why she does these terrible things to herself.'

4.4 What to expect from the candidate:

The candidate should be interested in listening to your concerns and ideas. They need to try to understand what is going on for Tahlia, and are likely to start by asking about the issues at home, what she does to herself and how it comes about. They are then expected to explain Tahlia's behaviour in the context of a mental health diagnosis of a personality disorder, and how the DBT treatment can help her. They should also try to explain that just doing exercise, and wearing makeup is unlikely to be enough for her to manage her emotions and behaviours.

4.5 Responses you MUST make:

'I just want to know what is wrong with her? What is borderline personality disorder?' (You can be quite irritable initially)

'Why does she cut herself?'

'I really think that if she just ate better, went to the gym, lost weight, then she would feel better about herself.' (Once again you can be pretty hostile about this)

'Tahlia said she is going to do DBT. What is that?'

4.6 Responses you MIGHT make:

If asked about suicide attempts:

Scripted response: ***'No, she has never done anything really dangerous, but the scars are awful. I can't stand seeing her arms.'***

4.7 Medication and dosage that you need to remember:

None

STATION 8 – MARKING DOMAINS

The main assessment aims are:

- Outline the main features of borderline personality disorder to the mother.
- Explain to the mother that her daughter self-harms as a way to manage her feelings, and that feelings of being rejected are frequently a trigger.
- Describe the main features and components of DBT.
- Address the mother's concerns empathically.

Level of Observed Competence:

1.0 MEDICAL EXPERT

1.9 Did the candidate describe the features of borderline personality disorder? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:

demonstrates a superior performance; appropriately identifies the limitations of diagnostic classification systems to guide treatment.

Achieves the Standard by:

demonstrating capacity to integrate available information in order to formulate a diagnosis; demonstrating detailed understanding of diagnostic systems to provide justification for diagnosis; adequate prioritising of conditions relevant to the obtained history and findings, utilising a biopsychosocial approach, and / or identifying relevant predisposing, precipitating perpetuating and protective factors; including communication in appropriate language and detail, and according to good judgment while communicating to the mother.

To achieve the standard (**scores 3**) the candidate **MUST**:

- Demonstrate knowledge of DSM or ICD criteria for Borderline Personality Disorder.

Below the Standard (scores 2):

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response.

Below the Standard (scores 1):

scores 1 if there are significant omissions affecting quality.

Does Not Address the Task of This Domain (scores 0).

1.9 Category: DIAGNOSIS	Surpasses Standard	Achieves Standard		Below the Standard		Domain Not Addressed
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

1.11 Did the candidate generate an adequate explanation to make sense of the presentation? (Proportionate value - 30%)

Surpasses the Standard (scores 5) if:

provides a superior performance in a number of areas; demonstrates prioritisation and sophistication; applies a sophisticated sociocultural formulation.

Achieves the Standard by:

identifying and succinctly summarising important aspects of the history; synthesising information using a biopsychosocial framework; integrating medical, developmental, psychological and sociological information; developing hypotheses to make sense of the patient's predicament; commenting on missing or unexpected data; analysing vulnerability and resilience factors.

To achieve the standard (**scores 3**) the candidate **MUST**:

- Explain that self-harm is usually a way of managing strong feelings and that perceived rejection is often the trigger.

A score of 4 may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

Below the Standard (scores 2) if:

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response.

Below the Standard (scores 1) if:

scores 1 if there are significant omissions affecting quality.

Does Not Address the Task of This Domain (scores 0).

1.11.Category: FORMULATION	Surpasses Standard	Achieves Standard		Below the Standard		Domain Not Addressed
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

1.14 Did the candidate demonstrate an adequate knowledge and application of relevant psychological therapies? (Proportionate value – 30%)

Surpasses the Standard (scores 5) if:

includes a clear understanding of levels of evidence to support treatment options. May refer to other evidence-based therapies, such as Schema therapy and Mentalisation Based Psychotherapy.

Achieves the Standard by:

demonstrating the understanding of DBT; identifying specific treatment outcomes and prognosis; appropriate selection (benefits / risks, application, adherence, choice and rationale for specific psychotherapies); monitoring of specific interventions; considering sensitively barriers to implementation; identifying the role of other health professionals.

To achieve the standard (scores 3) the candidate **MUST:**

a. Include the four (4) skills modules in the description of DBT.

A score of 4 may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

Below the Standard (scores 2):

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response.

Below the Standard (scores 1):

scores 1 if there are significant omissions affecting quality (for example does not describe the four skills modules).

Does Not Address the Task of This Domain (scores 0).

1.14. Category: MANAGEMENT - Therapy	Surpasses Standard	Achieves Standard		Below the Standard		Domain Not Addressed
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

2.0 COMMUNICATOR

2.3 Did the candidate demonstrate capacity to recognise and manage challenging communications? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:

constructively de-escalates the situation; demonstrates sophisticated reflective listening skills.

Achieves the Standard by:

recognising challenging communications; listening to differing views; demonstrating capacity to apply management strategies; allowing the mother to express her frustration and providing her with explanations for the daughter's behaviour; dealing with the guilt and frustration calmly.

To achieve the standard (scores 3) the candidate **MUST:**

a. De-escalate the mother's hostility around her perception that her daughter should lose weight and go to the gym.

A score of 4 may be awarded depending on the depth and breadth of additional factors covered; if the candidate includes most or all correct elements.

Below the Standard (scores 2):

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response.

Below the Standard (scores 1):

scores 1 if there are significant omissions affecting quality.

Does Not Address the Task of This Domain (scores 0).

2.3. Category: CONFLICT MANAGEMENT	Surpasses Standard	Achieves Standard		Below the Standard		Domain Not Addressed
ENTER GRADE (X) IN ONE BOX ONLY	5 <input type="checkbox"/>	4 <input type="checkbox"/>	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

GLOBAL PROFICIENCY RATING

Did the candidate demonstrate adequate overall knowledge and performance at the level of a junior consultant psychiatrist?

Circle One Grade to Score	Definite Pass	Marginal Performance	Definite Fail
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