

Committee for Examinations Objective Structured Clinical Examination

Station 2
Melbourne April 2016



1.0 Descriptive summary of station:

The candidate is to interview a 35-year-old mother with borderline personality disorder to discuss her concerns about her parenting and the effect of her disorder on her children. She is willingly presenting to the community mental health clinic 48 hours post overdose.

1.1 The main assessment aims are:

- To evaluate the candidate's ability to support a parent with borderline personality disorder to enhance protective factors as well as identify and reduce risk factors for their children. This requires:
 - Assessment of the candidate's ability to establish rapport and a therapeutic alliance with the mother;
 - Assessment of the candidate's knowledge of the day to day parenting difficulties faced by patients with borderline personality disorder and how addressing parenting can achieve positive health outcomes for the parent and the child;
 - Assessment of the candidate's ability to negotiate and develop a plan for the parent to address the issues.

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

- Modulate the patient's distress when discussing topics that are potentially shameful, ensuring that the patient is ready to have the conversation about her parenting skills.
- Demonstrate non-judgemental intervention with appropriate consideration of risk issues.
- Elicit history of common problematic behaviours towards their children in a parent with personality disorder and the common problems experienced by children with parents with borderline personality disorder.
- Briefly exclude family violence and current parental substance abuse.
- Be specific about the strategies like setting rules and limits, ensuring the safety of the children, or increasing positive interactions.
- Consider child protection issues.
- Effectively engage the patient in discussion of relevant strategies to address her concerns.
- Elicit the patient's goals and incorporate these in the plan.
- Appropriately acknowledge and respond to the patient's negative feelings towards her daughter.

1.3 Station covers the:

- **RANZCP OSCE Curriculum Blueprint Primary Descriptor Category of:**
Child and Adolescent Disorders (Children of Parents with Mental Illness)
- **Area of Practice:**
Adult Psychiatry
- **CanMEDS Domains of:**
Medical Expert; Communicator
- **RANZCP 2012 Fellowship Program Learning Outcomes of:**
Medical Expert (Assessment, Management), Communicator (Conflict Management)

References:

- Barnow, S., Spitzer, C., Grave, H.J., Kessler, C. & Freyberger, H.J. (2006) Individual characteristics, familial experiences, and psychopathology in children of mothers with borderline personality disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 45(8), 965-972
- Dutton, D.G., Denny-Keys, M.K. & Sells, J.R. (2011) Parental personality disorder and its effects on children: a review of the current literature, *Journal of Child Custody*, 8(4), 268-283
- Project Air Strategy for Personality Disorder (2015) *Treatment guidelines for personality disorders*, 2nd edition, NSW Health and IHMRI
- Stepp, S.D., Whalen, D.J., Pilkonis, P.A., Hipwell, A.E. & Levine, M.D. (2012) Children of mothers with borderline personality disorder: Identifying parenting behaviours as potential targets for intervention, *Personality Disorders: Theory, Research and Treatment*, 3(1), 55-65
- Family Crisis Plans: <http://ihmri.uow.edu.au/content/groups/public/@web/@ihmri/documents/doc/uow194246.pdf>

1.4 Station requirements:

- Standard consulting room; no physical examination facilities required.
- Five chairs (examiner x 2, role player x 1, candidate x 1, observer x 1).
- Laminated copy of 'Instructions to Candidate'.
- Role player – young woman, preferably in her thirties: must be plausible mother of children aged 8-14 years.
- Pen for candidate.
- Timer and batteries for examiners.

2.0 Instructions to Candidate

You have **fifteen (15) minutes** to complete this station after **five (5) minutes** of reading time.

You are working as a junior consultant psychiatrist in an adult mental health community team.

Margaret is a 35-year-old mother of two children who has been referred to you for review 48 hours after presenting with an overdose to the Emergency Department (ED). The referral notes from the Registrar who assessed her in the ED record that this was an impulsive overdose occurring in the context of current stressors at work.

The Registrar documented that Margaret is well engaged in individual psychotherapy and a Dialectical Behaviour Therapy (DBT) group. Whilst the overdose is part of a longitudinal pattern in dealing with stress, there are clear indicators that, over time, she is managing distressing affects and stress in more functional ways.

However the Registrar has noted that Margaret is the single mother of two children, that there has not been an assessment of Margaret's parenting as part of her care plan and Margaret is expressing concerns about this.

Your tasks are to:

- Discuss with Margaret her concerns as a parent.
- Briefly assess any risk or safety concerns for the children with Margaret.
- Discuss with Margaret strategies to address her concerns about her parenting.

You will not receive any time prompts.

Station 2 - 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:
 - Duplicate copy of 'Instructions to Candidate'.
 - Any other candidate material specific to the station e.g. investigation results.
 - Pens.
 - Water and tissues are available for candidate use.
- Do a final rehearsal with your simulated patient and co-examiner.

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 for any scripted prompts in this station.
- DO NOT redirect or prompt the candidate – the simulated patient 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 **fifteen (15) 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 co-examiner's and your mark sheet in **one** 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:

- 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.

There is no opening statement or time prompts for the examiner.

The role player opens with the following statement:

“Doctor, I would like to discuss some issues with my kids. It’s really getting me down”.

3.2 Background information for examiners

In this station the candidate is asked to interview a 35-year-old divorced mother with borderline personality disorder to discuss her concerns about her parenting and the effect of her disorder on her children. Margaret is willingly presenting to the community mental health clinic 48 hours after an impulsive overdose following conflict at work.

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

- Modulate the patient’s distress when discussing topics that are potentially shameful, ensuring that the patient is ready to have the conversation about her parenting skills.
- Demonstrate non-judgemental intervention with appropriate consideration of risk issues.
- Elicit history of common problematic behaviours towards their children in a parent with personality disorder and the common problems experienced by children with parents with borderline personality disorder.
- Briefly exclude family violence and current parental substance abuse.
- Be specific about the strategies like setting rules and limits, ensuring the safety of the children, or increasing positive interactions.
- Consider child protection issues.
- Effectively engage the patient in discussion of relevant strategies to address her concerns.
- Elicit the patient’s goals and incorporate these in the plan.
- Appropriately acknowledge and respond to the patient’s negative feelings towards her daughter.

The candidate is expected to discuss with Margaret her concerns about her parenting in a non-judgemental and empathic manner in order to establish a working alliance with her. The candidate must undertake an assessment of any risk or safety concerns and should briefly elicit information about her parenting and her family life as it relates to the better understanding of the situation.

The candidate needs to demonstrate their knowledge of the common problematic behaviours of parents with borderline personality disorder: e.g. lack of basic parenting skills, low sensitivity and responsivity; inconsistent discipline; role-reversal. They should also demonstrate their knowledge of the common problems experienced by children of parents with borderline personality disorder: e.g. risk of emotional, behavioural, social and cognitive difficulties; high transmissibility of self-harm behaviours; inter-generational transmission of the disorder; as well as knowledge of how these intersect with the developmental needs of the child.

The candidate needs to demonstrate their skills at modulating the patient's distress as Margaret discusses topics that are potentially shameful (as patients have a tendency to view themselves as 'bad' or not be satisfied with their parenting role) and will raise fear of the involvement of child protection authorities. In order to do this the candidate needs to observe and work with negative feelings by the parent towards the child (e.g. anger or jealousy) and manage their own countertransference. This is in conjunction with the candidate being able to assess whether Margaret is ready for this conversation: for example, does not find discussion of her parenting and family life traumatic; is not currently in crisis or actively suicidal.

Appropriate consideration of child protection issues and brief exclusion of family violence and parental alcohol and substance abuse is expected to be covered.

The candidate is expected to discuss strategies with Margaret on how to address her concerns about her parenting. Non-judgmental intervention with the parent is aimed at building self-efficacy, confidence and

promoting positive parent-child interactions. The candidate should explain how discussing parenting can help them and their children. Issues like addressing fears, reluctance, negative feelings towards a child; that no-one is a perfect parent; and exploring current challenges and strengths can be covered.

Practical strategies include:

- Separating parenting from personality disorder: talking to children about personality disorder; shielding children from the symptoms; ensuring children do not take on adult responsibilities; maintaining simple routines at home; setting limits in a positive way; considering the children's needs and feelings; spending enjoyable time together;
- Developing a Family Crisis Care Plan (see example appended);
- Reinforce role of the parent having treatment;
- Consider need for referral for further specialist intervention.

A variety of approaches can be taken to developing a Family Crisis Care Plan. They tend to be prepared in case children's legal guardian (mother) is unable to care for them temporarily due to mental illness or hospitalisation. The plan aims to represent the intentions of the legal guardian at the time of creation, and includes who they are to stay with; who can visit / access them and other information like the children's daily routine (daycare, school, activities, food, bedtime, etc.): things that help settle the children when upset (likes, dislikes, favourite toys or books, etc.); and any health or medical needs; and how the parent would like to keep in touch with their children. Ideally, all legal guardians will be aware of, and in agreement with, this plan.

A better candidate may:

- Provide a more sophisticated approach to encourage positive interactions between parent and child:
 - Discuss the attachment bond and how this can be strengthened;
 - Reflect on the relationship patterns between the parent and child;
 - Use of mindfulness in interaction with the child;
- Be better at separating out the individual developmental needs of each child.

3.3 The Standard Required

In order to:

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

Achieve 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 medico-legal 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 well-being 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.

Does Not Achieve the Standard – the candidate demonstrates significant defects in most 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 Margaret, a 35-year-old woman, who works as a part-time secretary to a senior academic at the local University. You live with your two children, Matilda aged 8 years and Harry aged 14 years, in rented accommodation. You earn a reasonable living but finances are always tight. Your relationship with your boss is positive and he has been very understanding when you have missed time from work as a result of a crisis (for example, see below) or the children being unwell.

Life has been difficult for you for a long time. You are the eldest child in a family of 5 children and grew up in a middle-class family in secure circumstances up until you were about 8 years of age. At that time you were sexually abused by a trusted neighbour over a period of 12 months. The abuse was discovered when he was arrested for molesting another child. After a criminal trial in which you were a witness, the man was sent to jail. You were eventually awarded victim's compensation but this led to serious conflict between your parents as your mother wanted to invest the money for your future and your father wanted to use the money at the time for a new home for the family. Eventually a child advocate arranged for the money to be held in trust. But you always felt as a result that your relationship with your parents was damaged and that you were responsible for any family unhappiness.

You did well at school and started an Arts degree but really couldn't settle and quickly dropped out. Later on you trained as a secretary and you have always been employed. You have been settled for the last 5 years in your current job. You are reasonably happy there and enjoy particularly the intellectual stimulation of assisting the Professor in preparing his teaching materials and papers.

You feel that no-one really knows you well. You think that most people would be very surprised to learn how much you struggle with depression and self-loathing. You started a pattern of self-harm in response to thoughts of self-hatred as an adolescent. The methods have varied over time: delicate self-cutting as an adolescent, later binge drinking, as a young adult emotionally destructive sexual relationships, not taking care of your health or ignoring medical advice about physical ailments, binge eating, allowing yourself to get physically sicker and sicker with ailments like the flu, and periodic (every couple of months or so) overdoses of any available medication.

The latest overdose happened after a misunderstanding with your boss; you over-reacted which left you feeling helpless and full of self-hatred. You left work early, went home and drank a tumbler of wine which didn't make you feel any better; you hit yourself around the face a few times and then impulsively took some old Valium (you can't even remember why or when you were prescribed it in the first place). Then you calmed down and realised the children would be home from school soon and called a neighbour to drive you to hospital (fortunately another neighbour was available to meet the children when they arrived home).

Relationships have always been so difficult for you – in fact you sometimes think that is really the biggest problem that you have. You don't feel you can trust people or be really close to them; you don't think people really care about you; and you constantly feel misunderstood. A few years ago you felt really desperate to sort yourself out, so you asked your GP for a referral to a psychiatrist. You really connected with the person that you see (Dr Mary Smith) and you have been seeing her twice a week for about 3 years. You feel so much calmer generally and just not as tossed around by your moods. She suggested about a year ago that you join a DBT group and that has been incredible in helping you feel that you can manage even better.

DBT or Dialectical Behaviour Therapy is a type of cognitive behavioural therapy (CBT) which aims to teach people skills to cope with stress, to regulate their emotions and improve relationships with others. DBT is very helpful for people who have urges to harm themselves, such as those who self-injure or who have suicidal thoughts and feelings. It was originally developed for people with borderline personality disorder, but has since been adapted for other conditions where a person has self-destructive behaviour, such as eating disorders and substance abuse. The major skills and techniques taught are:

- 1) Mindfulness techniques – techniques designed to increase the ability of clients to stay 'present focussed' and to overcome the mental wrestle over unwanted intrusive thoughts, images and emotions.
- 2) 'Interpersonal Effectiveness Skills' – skills at negotiating interpersonal challenges, especially confrontation and conflict.
- 3) Emotion Regulation Skills – skills designed to replace unhelpful and / or destructive emotion coping approaches.
- 4) 'Distress Tolerance' Skills – skills to tackle the extreme emotional pain, often associated with crises.

It combines traditional CBT with techniques such as mindfulness and acceptance.

Apart from the Valium you found from long ago, you have never been prescribed regular mental health / psychiatric medication. You have no physical health problems, you rarely drink alcohol and have no history of abusing any kind of drugs.

You became pregnant at 21 years old to George. You didn't really think there was any future as he was so reliable and dull but you went along with his wish to get married. It was unhappy from the start and George left soon after your second child, Matilda, was born. There is no history of domestic violence. He has been a responsible 'absent' father and has provided financially for the kids and sees them regularly. He did remarry a few years back and your eldest child, Harry, doesn't really like his step-mother. There is a bit of tension there but it seems not too bad at the moment. You do think George could do more in terms of taking the kids to give you a break but haven't felt able to ask him this because somewhere in the back of your mind you fear that one day he might seek custody.

Harry is now aged 14 years. You had some spontaneous miscarriages before falling pregnant with Matilda, now aged 8 years. You have already discussed with your therapist that you think some really painful feelings are being stirred up as she is now the age at which you were abused and it makes you feel scared for her as well as really angry and distressed at how your life changed as a result.

Both pregnancies to term were normal. Both children are developmentally normal and succeeding at school. Harry is a quiet and serious boy, and you are worried that he feels very responsible for looking after you. You remember many times from his childhood that you felt tired and overwhelmed, often impulsively responding to him when a strong response wasn't warranted (sometimes surprising yourself at how angry you can be when he does something minor, like turning the TV up too loud). Sometimes you feel hopeless and overwhelmed by all the times you have been a 'bad parent' (e.g. Harry saw you self-harm some times when he was young, you sometimes get angrier than you should with the kids, you can be inconsistent with rules and discipline, you haven't always been the strong one like a parent should be) and find it hard to hold onto the good things you have done.

You know that Harry was also exposed to some of your self-harming behaviour, including binge drinking and he did find you after an overdose when he was about 9 years of age and had to call an ambulance. He rings you during the day, sometimes several times if he thinks you are in a bad space. He rushes home every afternoon to help you around the house. Sometimes he will even come to the bathroom door if he thinks you have been in there too long, just to check on how you are. You wish Harry would be less worried about you and would spend more time outside the family home mixing with his friends; sometimes he makes you angry when he hovers around you. You feel your anger rising, you feel tense, you clench your fists, you become spiteful. You also notice that he is very protective towards his younger sister, sometimes fussing over her which you don't think is appropriate for a boy of his age. His teacher made a comment at a recent parent-teacher night that you can't get out of your head about sometimes children being too close to their families.

Matilda is a bright young girl, well liked at school and talented. You feel that you have a very intense relationship with her and she can be quite demanding, even a bit coercive with you, like she is the parent and rules the home. In contrast to Harry, you don't think she has been exposed to your self-harm behaviours but probably was a bit more exposed to all the disruption and high emotion following the divorce. Sometimes, especially lately you've felt a bit frightened of her and that you don't really like her – but you can't really pin down why this would be.

You readily acknowledge that you can be inconsistent with the rules and discipline, although you do try to keep the home routine predictable. You enjoy weekend outings to the park with the children, helping them with their homework and the quiet time in the evening watching TV with them in the lounge which is a great chance to talk to them about the day.

You do not currently feel depressed or suicidal. You are willing to engage in intervention focussed on your parenting skills. You will raise with the candidate in the interview, your fear that child protection authorities may become involved (see scripted question).

4.2 How to play the role:

You are co-operative and willing, eager to discuss your problems and concerns regarding parenting. However you are very sensitive to any hint of criticism. You are ashamed of the negative feelings that you have towards your children.

There will be a small component of non-verbal behaviour to indicate shame that will be discussed during the training.

You accept that you have a borderline personality disorder and understand that this means difficulty in managing relationships including intense fear of abandonment, as well as mood swings, rapid changes in self-identity and strong negative emotions which all leave you vulnerable to self-hatred, suicidal ideas and impulsivity.

4.3 Opening statement:

“Doctor, I would like to discuss some issues with my kids. It’s really getting me down”.

4.4 What to expect from the candidate:

The candidate should ask you detailed questions about your concerns and proceed to explore your understanding of how discussing parenting can assist with your recovery journey and be helpful to your children’s development. The candidate should address your fears or reluctance to address issues, help you reflect on the ways you do provide good care for your children (including preparing meals, shared activities etc), explore your goals with you and collaboratively develop a shared understanding of what kind of interventions might be helpful.

They should speak with you about ways of keeping the children safe, separating parenting from personality disorder, developing a family crisis plan and reflecting on your relationships with your children to allow them to be children, considering their needs and feelings, and spending enjoyable time together.

Any risk assessment of your risks of self-harming by the candidate should be brief. The risk assessment for the children should indicate that you are generally parenting well enough that there are no serious, immediate or acute concerns.

4.5 Responses you MUST make:

The anticipated question would be inviting you to expand on your opening statement:

Scripted response:

“Sometimes I feel so ashamed of the terrible person that I am, the things I’ve done in the past”.

Here you are referring to the issues mentioned in the vignette.

The anticipated question would be inviting you to raise any additional concerns:

Scripted response:

“Will child protection need to get involved?”

The anticipated question would be more detailed exploration of the interventions / treatments you have received:

Scripted response:

“Therapy and DBT is very helpful and I am really committed to it. But I don’t really want to use this time to talk about me – I want to focus on the children”.

4.6 Responses you MIGHT make:

The anticipated question would be a narrow inquiry about what you think is the impact of your disorder on the children. The anticipated response is designed to broaden inquiry to focus on each of the children as individuals.

Scripted response:

“But how is the impact of my personality disorder different for Harry and Matilda?”

STATION 2 – MARKING DOMAINS

The main assessment aims are:

- To evaluate the candidate's ability to support a parent with borderline personality disorder to enhance protective factors as well as identify and reduce risk factors for their children. This requires:
 - Assessment of the candidate's ability to establish rapport and a therapeutic alliance with the mother;
 - Assessment of the candidate's knowledge of the day to day parenting difficulties faced by patients with borderline personality disorder and how addressing parenting can achieve positive health outcomes for the parent and the child;
 - Assessment of the candidate's ability to negotiate and develop a plan for the parent to address the issues.

Level of Observed Competence:

1.0 MEDICAL EXPERT

1.1 Did the candidate adequately conduct an assessment of the patient? (Proportionate value - 10%)

Surpasses the Standard (scores 5) if:

achieves a score of at least 4 *and* clearly achieves the standard overall with a superior performance in a number of areas; superior technical competence in eliciting information.

Achieves the Standard by:

managing the interview environment; integrating generalist and sub-specialist assessment skills; demonstrating flexibility to adapt the interview style to the patient; being attuned to patient disclosures including non-verbal communication of shame; recognising emotional significance of the patient's story and responding empathically; sensitively evaluating quality and accuracy of information; clarifying inconsistent information efficiently.

To score 3 or above the candidate **MUST**:

- a. modulate the patient's distress when discussing topics that are potentially shameful, ensuring that the patient is ready to have the conversation about her parenting skills.
- b. demonstrate non-judgemental intervention with appropriate consideration of risk issues.

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 or 1) if:

scores 2 if the candidate does not meet (a) or (b) above, or has omissions that would detract from the overall quality response. Significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:

significant deficiencies such as being insensitive or judgemental to the patient; using aggressive or interrogative style; having a disorganised approach; fails to acknowledge the patient's strengths and positive behaviours towards her children. Neither (a) nor (b) demonstrated.

1.1. Category: ASSESSMENT – data gathering process	Surpasses Standard	Achieves Standard			Below the Standard		Standard Not Achieved
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"/>	

1.2 Did the candidate take appropriately detailed and focussed history? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:

achieves a score of at least 4 *and* clearly achieves the overall standard with a superior performance in a range of areas, including the developmental issues for the children; demonstrates prioritisation and sophistication.

Achieves the Standard by:

obtaining a history relevant to the patient's problems and circumstances with appropriate depth and breadth; taking a history that is hypothesis-driven; demonstrating ability to prioritise and eliciting the key issues; completing a risk assessment relevant to the individual case; exploring role of the children's father.

To score 3 or above the candidate **MUST**:

- a. elicit the common problematic behaviours towards their children in parents with personality disorder and the common problems experienced by children with parents with borderline personality disorder. Note each of the children exhibits different elements of these problematic behaviours.
- b. briefly exclude family violence and current parental substance abuse.

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 or 1) if:

scores 2 if the candidate does not meet (a) or (b) above, or has omissions that would detract from the overall quality response. Significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:

omissions adversely impact on the obtained content; significant deficiencies such as substantial omissions in history.

1.2. Category: ASSESSMENT – data gathering content	Surpasses Standard	Achieves Standard			Below the Standard		Standard Not Achieved
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"/>	

1.13 Did the candidate formulate and describe a relevant initial management plan? (Proportionate value - 30%)

Surpasses the Standard (scores 5) if:

achieves a score of at least 4 *and* provides a sophisticated link between the plan and key issues identified; clearly addresses difficulties in the application of the plan.

Achieves the Standard by:

demonstration of ability to prioritise and implement evidence based care skills; risk management including a family crisis plan; recommend specific treatments; safe skilful engagement of appropriate treatment resources / support; communication to necessary others, particularly the children's father about his role; recognition of their role in effective treatment; identification of potential barriers; safe, realistic time frames / risk assessment / review plan; recognition of the need for consultation / referral / supervision.

To score 3 or above the candidate **MUST:**

- be specific about the strategies like setting rules and limits, ensuring the safety of the children, or increasing positive interactions.
- consider child protection issues.

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 or 1) if:

scores 2 if the candidate does not meet (a) or (b) above, or has omissions that would detract from the overall quality response. Significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:

errors or omissions will impact adversely on patient care; plan lacks structure or is inaccurate; plan not tailored to patient's immediate needs or circumstances; fails to address safety issues.

1.13. Category: MANAGEMENT - Initial Plan	Surpasses Standard	Achieves Standard			Below the Standard		Standard Not Achieved
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"/>	

1.15 Did the candidate adequately engage, inform and discuss the treatment plan with the patient including suitably incorporating patient goals / preferences? (Proportionate value - 20%)

Surpasses the Standard (scores 5) if:

achieves a score of at least 4 *and* clearly achieves the overall standard with presentation of a plan that is comprehensive and sophisticated; incorporates individual vulnerabilities and resilience factors into a carefully tailored plan.

Achieves the Standard by:

demonstrating ability to: clearly communicate range of options and recommendations; work within patient goals and negotiate targeted outcomes; obtain consent with due consideration to sharing information with the children's father as non-custodial parent; reasonably establish that the patient understands and is in agreement with treatment; adequately inform regarding treatment risks / benefits and complications, including potential adverse outcomes; recommend psychoeducational material; arrange or commit to ongoing management, including crisis options; employ a psychologically informed approach, especially to risky behaviours.

To score 3 or above the candidate **MUST:**

- effectively engage the patient in discussion of relevant strategies to address her concerns.
- elicit the patient's goals and incorporate these in the plan.

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 or 1) if:

scores 2 if the candidate does not meet (a) or (b) above, or has omissions that would detract from the overall quality response. Significant omissions affecting quality scores 1.

Does Not Achieve the Standard (scores 0) if:

description of the management plan lacks structure; inaccuracies or errors about specific therapies impact adversely on patient care; difficulty tailoring treatment to the patient's specific circumstances.

1.15. Category: MANAGEMENT - Treatment Contract	Surpasses Standard	Achieves Standard			Below the Standard		Standard Not Achieved
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:

achieves a score of at least 4 and demonstrates sophisticated reflective listening skills.

Achieves the Standard by:

acknowledging and responding empathically to the patient’s feeling that she is a ‘bad parent’.

To score 3 or above the candidate **MUST**:

- a. appropriately acknowledge and respond to the patient’s negative feelings towards her daughter.

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 or 1) if:

scores 2 if the candidate does not meet (a) above, or has omissions that would detract from the overall quality response. Significant omissions affecting quality score 1.

Does Not Achieve the Standard (scores 0) if:

any errors or omissions impair attainment of positive outcomes; judgemental / rejecting attitude.

2.3. Category: CONFLICT MANAGEMENT	Surpasses Standard	Achieves Standard		Below the Standard		Standard Not Achieved
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 defined tasks?

Circle One Grade to Score	Definite Pass	Marginal Performance	Definite Fail
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