



Severity Questionnaire

These criteria are intended to assess the severity of PD across several practical domains, as defined in the 'Beyond Local Services' commissioning policy. It is not copyrighted, so anybody is free to use it if they find it useful. Please send comments to severity@tva2i.net. Thank you.

Name	Date	Total Score
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PLEASE CIRCLE THE SCORE FOR EACH OF THE FIVE ITEMS

0 = Absent

1 = Present (to moderate extent)

2 = Present (to considerable extent)

1. Diagnosis

There are ten Personality Disorders outlined in the DSM-IV (APA, 2000). These diagnoses are organised according to three clusters;

Cluster A – Odd/ Eccentric (Paranoid, Schizotypal, Schizoid)

Cluster B – Dramatic/ Emotional/ Erratic (Borderline, Histrionic, Narcissistic, Antisocial)

Cluster C – Anxious/ Fearful (Obsessive-Compulsive, Dependent, Avoidant)

0 = No formal diagnosis may have been made, or a single diagnosis or diagnoses present in only one cluster, not including ASPD. Equates to approximate IPDE screening tool score < 30.

1 = More than one PD diagnosis, probably in more than one cluster, unlikely to include ASPD. IPDE screening tool score approximately 30 – 50.

2 = Multiple PD diagnoses in more than one of the three clusters, and may include ASPD. IPDE screening tool score usually > 50.

2. Pervasiveness

If an individual is severely affected by PD, then this will be evident across many domains of life functioning:

- Relationships –intimate, familial, social
- Activities of daily living eg. self care, shopping, cleaning, home management, paying bills
- Living conditions
- Occupation
- Education
- Social functioning

0 = Little significant impact on functioning, and normally able to function effectively eg. stable living arrangements, social participation, able to work, evidence of some good relationships

1 = Functioning moderately impaired; some evidence of adequate functioning but for short-lived periods of time eg. predominately dysfunctional relationships, frequent job changes/periods of unemployment, difficulties with daily living tasks,

2= Functioning is seriously impaired across many domains, and lifestyle is severely disrupted or never established eg. unstable/unsuitable living conditions, or homelessness, inability to establish and maintain relationships, social exclusion, unemployment, financial insecurity,

3. Complexity

Co-morbidity; Depression, Anxiety Disorders (PTSD, OCD, GAD), Eating disorders, Substance Misuse, Addictions, Learning Disabilities, Head Injury, Medication usage, Crisis Management

0= Little or no co-morbidity, although may have experienced previous mental health problems for time-limited periods, such as depression and anxiety. Will make some demands on mainstream health services. May occasionally require crisis intervention and prescription medication during times of stress.

1= One or more significant co-morbidities are present in addition to their personality disorders, such as an eating disorder, anxiety disorders, and possibly some use of alcohol or non-prescribed drugs. Will utilise crisis services and other specialist services, and demonstrate high dependency on them.

2 = A range of co-morbidities will exist and substance misuse is probable. Likely to have been prescribed a range of psychotropic medications for a number of years. High frequency and intensity service use will be evident, including hospitalisations and/or contact with the Criminal Justice System. Periodically in crisis. Will have previously received treatment for a number of years, but significant impairment and distress remains.

4. Risk

Risk to Self – self harm and self-defeating behaviours, suicide
Risk to Others – violence, aggression
Impulsivity
Vulnerability
Engagement
Child Protection

0 = Little or no risk of harm to self or others. May be vulnerable at times of stress.

1 = Vulnerable at all times and will pose a significant, variable risk to self, through self harm, self neglect, and impulsive risky behaviours. Unlikely to pose a threat to others, although may represent a significant burden to families, friends, and carers.

2 = Considerable and continual risk to self and others, through frequent impulsive behaviour and likely to demonstrate poor emotional regulation and behavioural control. If children are present at home, likely that they will be suffering emotional neglect, abuse, and/or detrimental parenting. Persistent and/or life threatening behaviours, including suicide attempts and chronic, serious incidents of self-harm. Probable engagement in risky and/or offending behaviour and hence a risk to others.

5. Unmanageability

Destructive behaviour unresponsive to attempts to reduce it; reluctance to engage in therapeutic relationships; seeks help in indirect and often counter-productive ways.

0 = Manageable without significant formal intervention/treatment. Support will be provided through family, community, and mainstream public services.

1 = Requires support and treatment from dedicated Tier 1 - Tier 3 specialist and PD services. May have received intensive treatment at some point previously.

2 = Experienced by many services as unmanageable and demonstrates continuous involvement with health, justice and other statutory services. Previous recurrent failures to engage or respond to treatment. Difficult to successfully manage and safely contain in community services, and will frequently present to crisis and emergency services. Likely to have a specific need for residential treatment. May have previously been in prison or secure units, or currently at risk of moving into these settings for low level offences.