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Assessment, formulation, and diagnosis guidelines (adults)

May 2025

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With thanks to all of the stakeholders, psychologists, and lived experience practitioners who were involved in the development of this document.

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ISBN 978-1-85433-926-3

https://doi.org/10.53841/bpsrep.2025.rep188.a

Contents

1. Introduction

This document outlines the Society's guidance on Assessment, Formulation, and Diagnosis as these elements pertain to adults.

Because Practitioner Psychologists are employed in a wide variety of roles from psychological therapy and community engagement to formal legal assessments it will be necessary for different psychologists to utilise this guidance according to their role and qualifications.

In addition, different psychologists take different views as to the utility of different elements of assessment, formulation, and diagnosis. This guidance does not seek to resolve this ongoing discussion, but instead to offer guidance on the best application of these elements at a high level. Specific recommendations regarding implementation which are subordinate to this guidance is available through training, Continuing Professional Development (CPD), and other BPS documentation.

This guidance, as with most guidance, is necessarily based upon a combination of empirical evidence of various grades, as well as the expert opinion of both practitioner psychologists and those who have expressed direct experience of using mental health, learning or independence services, or experiencing mental health challenges taking into account other issues such as risk of harm to others. We have made efforts to ensure the guidance reflects the best available current evidence from research and good practice which will develop as understandings evolve.

The guidance forms three parts: Assessment, Formulation, and Diagnosis. Not all parts will be relevant to psychological practice, or appropriate for those seen by a psychologist. An assessment may lead to a formulation which may inform a diagnosis. This process may be cyclical in nature with the assessment being revisited in the light of changing circumstances, which will then inform reviewed formulation and, where appropriate a reviewed diagnosis (indeed this is likely to be the case across the lifespan). Many of the principles concerning these elements of client work will hold for all of three elements and have not needlessly been reiterated when they have been delineated previously.

It should be noted that we have endeavoured to use the most appropriate language at the time of writing. However language changes and we will seek to edit language as well as content in any future revisions, should that become necessary.

2. Aims

The aims of the guidance are:

- To recommend appropriate standards in psychological assessment, formulation, and diagnosis
- To ensure that the BPS provides, on behalf of its members, a consistent approach to guidance on the use of assessment, formulation, and diagnosis.

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https://doi.org/10.53841/bpsrep.2025.rep188.1
https://doi.org/10.53841/bpsrep.2025.rep188.2

3. Scope

The guidance applies to all members of the BPS and is recommended practice for all practitioner psychologists. Due to the medico-legal implications of a diagnosis; diagnosis specifically may only be undertaken by a HCPC regulated Practitioner Psychologist; or a trainee practitioner psychologist working under the specific remit of one where the practitioner psychologist would ultimately be responsible for the diagnosis. Supervision in this area may be undertaken by any Practitioner Psychologist who has the necessary skills.

The guidance has a focus on work with people who experience psychological distress, as practitioner psychologists commonly work with these groups of people in health, mental health and justice settings. The three elements of assessment, formulation, and (in some cases) diagnosis more commonly apply in these settings. Notwithstanding this, the principles below also apply in non-clinical work such as sport and occupational settings as appropriate.

4. Guidance

The use of assessment, formulation, and diagnostic classification systems by practitioner psychologists.

The Practice Board of the BPS, having consulted with stakeholders, including people with expressed lived experience of psychological distress, has approved this guidance in relation to the use of assessment, formulation, and standard diagnosis classification.

5. Assessment

Assessment is about understanding and clarification, and takes many forms that may include the assessment of psychological distress, intellectual disabilities, neurodiversity, dementia, or mental capacity, for example. Assessment must have a clear purpose and may be at the start of engagement with a client, or be an ongoing process. Assessment may be undertaken in formal or statutory settings e.g. for the courts or mental health act purposes. It is important that assessments are done with the agreement and engagement of the person being assessed; but it is accepted that it is not always possible.

The client will be expert in their own lived experience and the psychologist will bring expert knowledge and experience to the assessment process. Psychologists must be aware that they are required to act professionally and should be mindful about the possibility of bringing personal opinion, prejudice, or bias into the assessment. If a psychologist becomes aware of the influence of personal opinions adversely affecting the relationship and process, they should bring the matter to supervision and consider re-directing the client to help elsewhere.

https://doi.org/10.53841/bpsrep.2025.rep188.3
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https://doi.org/10.53841/bpsrep.2025.rep188.5

5.1 COLLABORATION

It is recommended that assessments are built on a trusting, transparent and safe relationship to share an understanding with the person seeking clarification and help, as well as the people around them if appropriate. It is important that psychologists hold in mind power dynamics and expertise in their relationships. Wherever possible, psychologists should share power and decision making with their clients and reflect, where relevant, on how power is operating in systems, services, and in their lives. The aims are for a collaborative approach where, in so far as is possible, the client and the psychologist are allies working towards setting aims and goals that may or may not include psychological interventions.

In some instances, such as legally mandated assessment or therapy, a client may not wish, or be able, to collaborate with the psychologist. If this happens, an alliance should still be sought; although ultimately the psychologist may need to act independently. In all situations, psychologists should ensure we are as collaborative as possible (for example, taking into account any prior directives from clients who now lack capacity), be mindful about the exercise of power, and be clear about whose interests are being acted upon.

In some instances the psychologist and client may have differing views on the process or content of the assessment. In such situations the psychologist should seek to understand the client's position, and may seek to consider the matter in supervision, with an MDT, or by triangulating the evidence for the assessment conclusions with further information from other sources. The psychologist will try to understand areas of difference and seek agreement with the client. If this is not possible, the psychologist is not obliged to alter their opinion and will document evidence of their discussions in a transparent way, and the client may seek a further opinion if they wish.

Some people may be unable to engage with psychological assessment in a way which is needed to complete the process at that time; for example people with neurological and severe mental health challenges. In such cases, every reasonable effort should be made to ensure that the client is central to the assessment, their needs, feelings, desires, and meanings attended to, and their agreement gained. Where gaps are apparent after this process best interest interventions will be made in line with legal requirements (see Mental Capacity Act 2005; Adults with Incapacity Act [Scotland] 2000).

5.2 THE USE OF PSYCHOMETRIC MEASURES

Validated psychometric measures can be useful tools where culturally and clinically relevant. They may be used in concert with other approaches as appropriate including interviews, other tools, etc. This is in order to aid in assessment with an individual and their families or close others by appropriately trained psychologists. Psychometric measures must be appropriately administered according to published guidance and should be interpreted in the context of a wider assessment. Consideration should be given to the populations upon which the measure has been validated, and consequently whether the measure is suitable for the individual/ family being assessed. For more information see the BPS guidelines on psychometric assessment. Unvalidated measures which may be accessed online or in some business contexts should not be used.

5.3 EQUALITY, DIVERSITY, AND INCLUSION

It is important that clients are reasonably accommodated in the assessment. This may include appropriate explanations, as well as the content and process of assessment, having appropriate facilities in the place where the assessment takes place (including online), sensitive and appropriate use of concepts and language, and the psychologist accessing CPD from appropriate groups (not the client), evidence, literature, and other work about the client's [sub]cultural and social background.

Similarly, provision to accommodate access needs such as accessible buildings, interpreters, and environments which facilitate people should be made available if practicable and according to the law on reasonable adjustments.

Furthermore, embedded in the lived experiences of clients may be the impact of broader social realities and injustices. These include biological, psychological and social inequalities, lifespan challenges, discrimination, poverty, class, racism and being minoritised.

5.4 A NOTE ON TERMINOLOGY AND LANGUAGE

Psychologists should be mindful of the language and terminology used in assessment, formulation, and diagnosis and work to ensure that complexity and changes of language over time are respected; as well as the diversity of both psychologists and the people we work with. Psychologists should use terminology sensitively, appropriately and creatively, to avoid discrimination, othering, and the perpetuation of social injustice.

5.5 THE THEORETICAL APPROACH

Assessment should be carefully grounded in clear, established, theoretical and conceptual psychological frameworks which are culturally appropriate to the client; and which consider strengths as well as weaknesses. Integrated theoretical approaches need to draw on well-articulated, evidence-based approaches that are recognised examples of good practice. While some complementary therapies and spiritual practices may have benefits, they are not part of the direct work of a psychologist and should not be presented as such.

5.6 ASSESSMENT REQUIRING FURTHER TRAINING

As with other professionals, after further training psychologists may undertake a range of work which draws on expertise and competencies beyond their original qualification. This includes advanced neuropsychological assessment and interventions, assessment and referral for some medical treatments, acting as a Responsible Clinician and various other roles. Some of these roles require formal qualification and further statutory registration, and some involve more informal arrangements. It is a psychologist's responsibility to operate within their competencies, and not to undertake assessment tasks without appropriate training, supervision and, where possible, registration. Psychologists carrying out assessment formulation and diagnosis which involves making expert judgment and/or requires further training must be Practitioner Psychologists; and while they will usually practise as part of a team or network, they are expected to be able to make independent professional decisions.

6. Formulation

6.1 DEFINITION OF FORMULATION

Formulation may be described as a process of ongoing collaborative sense-making (Harper and Moss, 2003) based on the client's account of their experiences, and with reference to psychological evidence, theory, and principles. Formulation aims to summarise the core issues for the person, or group of people, and to understand these in the context of such things as their strengths, and a range of social, systemic, environmental, biological, embodied, cultural, and relational factors. These considerations give rise to a shared plan of intervention(s) and identification of required resources, which are rooted in the psychological processes and principles already identified. Formulation is always open to revision as new information comes to light.

6.2 PRINCIPLES OF FORMULATION

Formulation should be a strengths-based, relational, and collaborative process whenever possible and in almost all cases be based upon a trusting, open, and safe relationship with the client. If necessary, it may draw on supplementary information and perspectives, including from people who know the client, other professionals, or from clinical notes and legal documentation.

Effective formulations emphasise:

- That the process of formulation is important
- Consistent, validating, and encouraging approaches that foster self-observation.
- The recognition of past and on-going pressures and assets.
- The recognition of the systems being worked within.
- Considering the possibilities for change afforded by situations and environments.
- Reflection on whose interests are at stake in this assessment and intervention.
- The format of formulation should be in format that is meaningful to the client.

Other forms of evidence-informed formulation and assessment, may be implemented as appropriate.

6.3 ELEMENTS WHICH AFFECT FORMULATION

Psychologists should be mindful of elements which may affect the formulation, including power imbalances, cultural factors, personal beliefs, system or organisational pressures, etc., and strive to ensure the formulation is valid, and is meaningful for the client. This includes it being attuned to the client's understanding and language as far as possible, while still grounding the formulation in theory and evidence-based knowledge and understanding.

Formulation is central to the practice of psychologists and is regarded as a core skill which may be undertaken, in a form adapted to the circumstances, with people with a wide range of needs and assets.

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7. Diagnosis

Practitioner Psychologists may make formal diagnoses appropriate to the needs of their clients and the requirements of their professional setting. This must be in line with their training and experience; and includes training prior to, or after, qualification as a practitioner psychologist. Practitioner Psychologists may record these diagnoses in client records and may also use them in reports to the courts or other agencies.

Care should be taken to evaluate whether a diagnosis is necessary, in the interests of the client, or whether a non-diagnostic approach would be more helpful and appropriate. If a diagnosis is needed it must be the most appropriate one available, must be evidence informed and must always be subject to review upon receipt of new information. The process of making the diagnosis must take into account the pertinent information, and should usually include social and relational factors. In all cases the decision to make a diagnosis should be considered in the light of its potential positive or negative impact on the person being diagnosed. A diagnosis may be made on the basis of sufficient best available information and reviewed as new information comes to light. A diagnosis should not be made if insufficient information is available.

7.1 CRITICAL AWARENESS

Psychologists need to maintain a critical awareness of the concerns about diagnosis and the potential stigma that diagnoses can attract, as well as the risk of missing psychological and social challenges. Client preferences are important to consider. The process of diagnosis should not be disempowering, or rooted in particular ideas about appropriate feelings and behaviour that are driven by the practitioner psychologist's cultural background or beliefs.

Agreement to a diagnosis should always be carefully considered with the client and the conceptual limitations of the particular diagnosis explained. It should be recognised that while some diagnoses may be helpful, or unavoidable, people are also vastly more than a diagnosis and the categorical system which underpins it. For this reason a diagnosis should always be presented with the assessment and formulation from which it has flowed.

In some instances a diagnosis may need to be made without a person's consent due to the person lacking capacity, or the diagnosis being required by a court order, for example. In such cases collaboration and consent should still be sought unless this is not shown not to be possible. If a diagnosis can be justified without gaining the consent of the client, information from other sources will be required, and the impact of the diagnosis should be carefully considered.

7.2 INTERVENTIONS FOLLOWING DIAGNOSIS

While interventions and recommendations may require a diagnosis to initiate; a diagnosis does not automatically mandate certain treatments. Instead interventions should be considered holistically; with diagnosis, when pertinent, included as a part of that holistic consideration and bearing in mind all the implications, the formulation, and the client's views. Further, some treatments may not require a diagnosis and consideration should be given as to whether a diagnosis is necessary in these instances.

https://doi.org/10.53841/bpsrep.2025.rep188.7

7.3 DIAGNOSTIC SYSTEMS

There are a variety of diagnostic classification systems available for psychologists and others to use including local systems such as the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders version 5-TR (DSM-5-TR APA 2022) and the Chinese Society of Psychiatry's Chinese Classification of Mental Disorders (CCMD-3 CSP 2001). The World Health Organization's International Statistical Classification of Diseases and Related Health Problems 11 (ICD 11, WHO 2019 is used in all nations in Britain (and indeed in other countries worldwide also) and is the only diagnostic system which has been ratified by the UK and globally. Consequently where a diagnosis is required, practitioner psychologists should use the latest version of the ICD (at the time of writing ICD 11) for diagnosis.

As noted above, the ICD diagnosis will usually be accompanied by an assessment and formulation that takes account of strengths and situational issues. If absolutely required for the provision of care, the ICD diagnosis may also be accompanied by another diagnosis such as a similar diagnosis from the Chinese Society of Psychiatry's Chinese Classification of Mental Disorders (CCMD-3 CSP 2001) if one applies; but any applicable diagnosis from a diagnostic system other than the latest version of the World Health Organization's International Statistical Classification of Diseases and Related Health Problems must be additional information to the closest relevant diagnosis in the latest ICD which is presented as the primary diagnosis.

7.4 TYPES OF DIAGNOSIS

The ICD 11 includes standard diagnostic coding as well as a supplementary section for functional assessment; and extension codes which consider the context around people's difficulties, and elements such as external causes of morbidity or mortality, and factors influencing health status or contact with health services. Psychologists are encouraged to make use of such extension codes where a diagnosis is necessary. This ensures that the difficulty is properly situated beyond the individual and illuminates the wider issues which cause poor health.

8. Supervision

Psychologists must be supervised by a colleague who is competent in the relevant field of practice. This supervision does not require the sign-off or agreement of every piece of work by another practitioner; but rather appropriate liaison according to the experience of the psychologist being supervised. Senior psychologists may require peer supervision which discusses specific pieces of work in a peer-collegiate manner; whereas trainees will require significantly more oversight and may require the sign-off of many, or even all, specific pieces of work by the qualified psychologist who is supervising them.

Whenever possible the supervisor should be another psychologist, however in some fields the most appropriate person may be a statutorily regulated health professional from another profession such as a medical doctor or senior specialist nurse with expertise in the speciality. When that is the case, general supervision from another psychologist should still be undertaken.

Psychologists in training, and other health professionals, may practice assessment, formulation, and diagnosis under the aegis of a properly qualified and trained practitioner psychologist; who will take ultimate responsibility for the assessment, formulation, and diagnosis. This supervising psychologist may have any of the protected practitioner psychologist titles provided their skill set is appropriate. Care should be taken to recognise and clarify the skill set of the specific

https://doi.org/10.53841/bpsrep.2025.rep188.8

practitioner psychologist providing supervision taking account of their protected title, and also their further training and established competencies. It is important not to make assumptions regarding the skill set of a specific practitioner psychologist based simply on the protected title gained upon graduation.

9. Appropriate psychologists

Psychologists must be competent, skilled, and knowledgeable to carry out assessment, formulation, and diagnosis. Psychologists should be mindful of their role of scientist-practitioner in their engagement with the literature and client work. However, psychologists should not be assumed to be qualified solely according to their original training and consequent protected title. Psychologists continue to train through formal qualification, through CPD, and informally throughout their career and will naturally be very different after establishing their practice than the psychologist who has just graduated. Therefore the assumption that a specific protected title must be held in all cases for an assessment, formulation or diagnosis to be undertaken is incorrect. While a psychologist undertaking formal assessment must always be a statutorily regulated practitioner psychologist (or supervised by one) the appropriateness of a practitioner psychologist for assessment, diagnosis, formulation, or supervision, is based on that practitioner psychologist's skills and competency, not on their specific protected title.

10. Conclusion

Assessment, formulation, and diagnosis are aspects of psychological practice which are undertaken with compassion, care, and, as far as is possible, collaboration and co-production. This is important for work, not only with individual clients, but also with families and other groups. In all elements of this work, psychologists should identify the strengths of the people they work with.

Once completed, the outcome is the considered view of the professional psychologist who would not normally require another professional to verify the opinion.

Psychologists are encouraged to disseminate, educate, and inform others not only as clinically necessary for a given client; but also, in general terms, the psychological perspective on these matters which explicitly considers the context as well as the person.

https://doi.org/10.53841/bpsrep.2025.rep188.9
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https://doi.org/10.53841/bpsrep.2025.rep188.11
https://doi.org/10.53841/bpsrep.2025.rep188.12

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