PHCF

CLASSIFICATION WORKSHEETS

Companion to Classification Manual Version 1.0

Framework Version 0.1

BLANK CLINICAL / RESEARCH RECORDING SET

Developmental resource. PHCF descriptors are provisional and are not validated clinical thresholds. This worksheet is not a diagnostic instrument and should be used alongside ordinary clinical assessment, risk assessment, functioning, quality of life and formulation.

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Positive Health Classification Framework | 2026

Assessment details and descriptive anchors

Record context before interpreting the PHCF profile.

PERSON / CLIENT

RECORD ID

DATE

CLINICIAN / RESEARCHER

ASSESSMENT CONTEXT

PHCF VERSION

SOURCE CLINICAL CLASSIFICATION / FORMULATION

PROVISIONAL DESCRIPTIVE ANCHORS

Not Assessable	Insufficient information.
Limited Evidence	Little evidence the construct is currently accessible or demonstrated.
Emerging	Evident inconsistently, in restricted situations or with substantial support.
Established	Reliably evident across relevant situations.
Strongly Demonstrated	Consistent availability or expression across meaningful challenge, settings or time.

ADJACENT CLINICAL INFORMATION - RECORD SEPARATELY

Psychopathology / symptoms

Risk / safety

Functioning

Quality of life

Personal recovery

A. Current Positive Health State

What positive mental health is being experienced now?

Positive self-experience

Current relationship with self, including self-acceptance, coherence and personal legitimacy.

DESCRIPTIVE LEVEL

Engagement and vitality

Meaningful psychological involvement in life and access to energy or interest for personally valued experiences.

DESCRIPTIVE LEVEL

Belonging and connection

Experience of meaningful interpersonal or social connection; quality and accessibility matter more than network size.

DESCRIPTIVE LEVEL

Meaning and valued direction

Personally significant commitments, values or purposes; the person defines what counts as valued direction.

DESCRIPTIVE LEVEL

B. Positive Health Capacities

What adaptive psychological capabilities appear available or potentially mobilisable?

Agency and Self-Direction

Active participation in one's life and meaningful decisions; not equivalent to independence.

DESCRIPTIVE LEVEL

Adaptive Regulation

Recognising and influencing emotional, cognitive, physiological and behavioural responses in context.

DESCRIPTIVE LEVEL

Psychological Flexibility

Responding to changing demands, shifting ineffective strategies and remaining connected with values.

DESCRIPTIVE LEVEL

Relational Capacity

Establishing, maintaining, using and, where possible, repairing meaningful relationships.

DESCRIPTIVE LEVEL

Meaning and Identity Capacity

Maintaining or reconstructing personally meaningful identity, continuity and valued direction.

DESCRIPTIVE LEVEL

Recovery and Self-Management Capacity

Recognising change, using recovery knowledge, seeking help and participating in health management.

DESCRIPTIVE LEVEL

C. Demonstrated Adaptation

What has the person's history shown they have been able to mobilise under meaningful challenge?

CHALLENGE / ADAPTATION EPISODE 1

CHALLENGE / CONTEXT

WHAT WAS MOBILISED, LEARNED OR RESTORED?

EVIDENCE / TRANSFERABILITY / CONFIDENCE

CHALLENGE / ADAPTATION EPISODE 2

CHALLENGE / CONTEXT

WHAT WAS MOBILISED, LEARNED OR RESTORED?

EVIDENCE / TRANSFERABILITY / CONFIDENCE

CHALLENGE / ADAPTATION EPISODE 3

CHALLENGE / CONTEXT

WHAT WAS MOBILISED, LEARNED OR RESTORED?

EVIDENCE / TRANSFERABILITY / CONFIDENCE

D. Protective Resource Ecology

What resources exist within and around the person, and how available and usable are they?

	AVAILABLE	ACCESSIBLE	USABLE	MOBILISED	PROTECTIVE
Personal	☐	☐	☐	☐	☐
Evidence / notes					
Relational	☐	☐	☐	☐	☐
Evidence / notes					
Cultural	☐	☐	☐	☐	☐
Evidence / notes					
Community	☐	☐	☐	☐	☐
Evidence / notes					
Material / physical	☐	☐	☐	☐	☐
Evidence / notes					
Structural / environmental	☐	☐	☐	☐	☐
Evidence / notes					
Treatment / service	☐	☐	☐	☐	☐
Evidence / notes					

INTERPRETIVE CAUTION

A resource should not be called protective merely because it exists. Record whether it is accessible, usable or mobilised, and reserve stronger protective language for evidence of relevance.

E. Clinical Presentation Modules

Add presentation-specific information only where it contributes beyond the Universal Core.

☐ **Depressive presentations**

Re-engagement; restoration of agency; recurrence recognition; valued activity; support mobilisation.

Additional evidence not already captured in the Universal Core

☐ **Anxiety and fear presentations**

Approach capacity; tolerance of uncertainty/distress; flexible threat responding; restoration of restricted activity.

Additional evidence not already captured in the Universal Core

☐ **Trauma and stressor presentations**

Safety; threat discrimination; relational trust; adaptive meaning; demonstrated adaptation; contextual protection.

Additional evidence not already captured in the Universal Core

☐ **Bipolar and mood-instability presentations**

Mood-state awareness; early warning; sleep/routine management; support mobilisation; continuity of identity.

Additional evidence not already captured in the Universal Core

☐ **Psychosis presentations**

Personal recovery; identity; meaning; connectedness; empowerment; self-management; deterioration recognition.

Additional evidence not already captured in the Universal Core

These are provisional development areas, not ten permanent modules. Modules should survive only where they add clinically useful specificity beyond the Universal Core.

E. Clinical Presentation Modules - continued

Add presentation-specific information only where it contributes beyond the Universal Core.

☐ **Substance and addictive presentations**

Recovery capital; recovery identity; resource mobilisation; sustained recovery self-management.

Additional evidence not already captured in the Universal Core

☐ **Obsessive-compulsive presentations**

Flexibility toward intrusive experiences; tolerance of uncertainty; restoration of valued behaviour.

Additional evidence not already captured in the Universal Core

☐ **Eating and feeding presentations**

Identity beyond disorder; autonomy; self-compassion; relational recovery; meaning; self-management.

Additional evidence not already captured in the Universal Core

☐ **Personality functioning and interpersonal presentations**

Identity coherence; agency; relational capacity/repair; adaptive regulation; contextual stability.

Additional evidence not already captured in the Universal Core

☐ **Neurodevelopmental presentations**

Self-understanding; environmental fit; self-advocacy; adaptive regulation; supportive resources; meaningful participation.

Additional evidence not already captured in the Universal Core

These are provisional development areas, not ten permanent modules. Modules should survive only where they add clinically useful specificity beyond the Universal Core.

F. Course, evidence qualifiers and integrated profile

Preserve trajectory, context, evidence source and uncertainty.

POSITIVE-HEALTH TRAJECTORY

PSYCHOPATHOLOGY TRAJECTORY

RELEVANT TIME PERIOD

CONTEXT / SETTING

PRIMARY EVIDENCE SOURCES

CONFIDENCE / UNCERTAINTY

INTEGRATED PHCF PROFILE SUMMARY

CLINICAL INTERPRETATION / FORMULATION CONTRIBUTION

CAPACITIES / RESOURCES TO RECRUIT, GOALS AND MONITORING