

Paranoid personality disorder

Discussing Mistrust and What Helps You Feel Heard

Adults | 10 to 15 minutes

Paranoid personality disorder is a clinical diagnosis, not a label for every concern about trust. Past harm, discrimination, and current risks deserve attention. This page helps describe a pattern and its effects while leaving interpretation open for a careful, respectful assessment.

Choose a recent, manageable example. Write, draw, or discuss your answers. Skip anything that does not fit; this page is not a diagnostic assessment.

Separate observations and uncertainty

Record what you directly observed and what remains uncertain. You do not need to argue yourself out of a concern or collect more evidence for this worksheet. Focus on what the concern interrupts and what support you need.

Make assessment more transparent

Ask the clinician to explain confidentiality, the purpose of questions, and how decisions will be made. Identify a communication preference, such as written explanations or time to consider recommendations.

1. What concern about trust would you like a clinician to understand?**2. What did you directly observe, and what interpretation remains uncertain?****3. How is the concern affecting relationships, daily activities, or your sense of safety?****4. What explanation or communication preference would help you participate in assessment?****Clinical use and adaptation**

Assess real threat, trauma, discrimination, psychosis, mood, substances, and medical contributors. Do not validate unverified persecutory beliefs or confront them aggressively. Use transparent boundaries and collaborative inquiry; assess immediate risk when indicated.