

Conducting a Psychological Case Formulation

Your case: Buddy King

Preparing your formulation – in summary

- Identify the actual mental health condition –
 - You will need to use the symptoms displayed by Buddy and link them to the clinical characteristics listed in DSM5 (with references).
 - You will also need to link these symptoms with the varying periods of Buddy's life where he has displayed these symptoms (and again use references to support your work).
- Identify the trigger factors that you believe have led to the development/manifestation of the disorder –
 - This will be detailed and form the main part of your formulation. Each contributory factor that you identify must be fully explained and supported with evidence from the literature.

Providing the diagnosis

- For this, you will need to consult DSM5 in detail and decide upon the actual specifiers that determine Buddy`s diagnosis.
- You need to consider the amount of episodes, both short term and long term.
- Explain why you have come to the decision that you have arrived at.
- Use as many examples from the clinical history as possible and link them with DSM5.
- Remember to use references at all times; every sentence you include should ideally contain a reference to the literature or DSM5.

Integrative case formulation:

- This case formulation is based upon the diathesis stress model. You should state this and explain this from the outset.
- Much of what you write will be speculative, based upon what you know about Buddy`s clinical history.
- You do not have to be correct; in a real-life scenario, it is likely that you will hypothesize several explanations before finding the one that works the best.
- Once you and the `patient` have agreed on the potential causes for the mental health condition you would then propose a treatment plan. The same applies to Buddy; whilst you cannot actually check with him (obviously!), you can hypothesize a potential treatment solution as the final part of your formulation.

Some things to consider...

- Are there any biological markers that indicate a predisposition for this disorder in Buddy`s clinical history?
- If and when you find these, you need to link these to findings in the research that also demonstrate this to be the case.
- You may want to discuss the potential for a genetic vulnerability and the empirical findings from the literature (remember reference everything!)
- What evidence is there that there is a genetic basis for this disorder? Discuss the evidence.
- You might also want to discuss the relative efficacy of drug treatment for this disorder and how they are believed to work. This would further support your argument for a biological underlying cause for this disorder.

Recall what you looked at last week:

- You should have considered the role of RCT's in the treatment of a variety of disorders. You should therefore do the same for Buddy and discuss the findings in relation to the potential for treatment success.
- In addition, you could also consider the type of medication used, and who it works for and why. Ask yourself why Buddy was reluctant to take lithium as treatment and yet he still improved. A discussion of this may be of value.
- Your discussion of biological factors should be comprehensive and based on the evidence base, BEFORE you move on to consider the environmental and social factors present in Buddy's clinical history.

Social and environmental factors:

- There is no doubt that stressful events and social factors play a role in the expression and manifestation of mental health conditions. This is key to the diathesis stress explanation.
- Which of these can you identify from within Buddy's family and clinical history; he recognises some himself.
- Not only are stressful events related to the onset of mood disorders, but also there are links to manic episodes. You should identify and discuss these accordingly.
- Many psychosocial factors that are identified as linked to the onset and maintenance of a mood disorder are; social support, a negative perception of oneself, a sense of helplessness, denial or minimisation of the problem and the pleasurable experiences of being high.

Finally, other considerations:

- What is the average age of onset for Buddy's mental health condition?
- Are there different rates of diagnosis within male and female populations?
- Which stage of the illness is likely to manifest itself first and in what gender/age?
- What type of course does the disorder follow? Chronic, acute? These things need to be considered.
- What type of time periods lapse between episodes?
- What is the long term outcome for these patients who adhere to treatment? How does this relate to Buddy?
- Are there psychological interventions for Buddy apart from the usual drug treatment?
- What about the combined efficacy of drug and psychotherapy?