Session 3:

Psychological Case Formulation

What is Case formulation?

- An attempt to identify the processes that lead to/maintain specific behaviours…
- An explanatory hypothesis about the nature of an individual's problem
- It is guided by the theoretical perspective of the therapist
- It helps to create a treatment plan and enable the effectiveness of that plan to be evaluated
- Developed over the last 20 years and is preferred by those who do not view the psychiatric diagnosis as useful

A formulation involves inferences:

- about predisposing vulnerabilities, a pathogenic learning history, biological or genetic factors,
- sociocultural influences, currently operating contingencies of reinforcement, conditioned stimulus-response relationships,
- or schemas, working models, and beliefs about the self, others, the future or the world.
- The aim of the formulation is to explain the individual's problems and symptoms.

- As a hypothesis, a formulation is always subject to empirical testing and revision as new information becomes available.
- A case formulation serves multiple functions (Eells, 2007)-
- It provides a structure to organize information about a person and his or her problems from the enormous amounts of information in therapy (including verbal, behavioural, prosodic, gestural, affective, and interactional)…
- Formulation provides a blueprint guiding treatment by assisting the therapist in developing and implementing a treatment plan for a successful outcome.
- The formulation therefore enables the therapist to anticipate future events and prepare for them.
- A formulation serves as a gauge for measuring change
- Formulation helps the therapist understand the patient and exhibit greater empathy for the patient's intrapsychic, interpersonal, cultural, and behavioural world.
- **The specifics of the formulation will vary depending on the theoretical orientation of the case formulator.**

E.g. A CBT-based formulation
(Bennett, 2011)

- What is troubling the individual?
- What factors have left them vulnerable to any problems they are now experiencing?
- Why have they developed problems now?
- What thoughts are they experiencing that are maintaining their problems?
- What behaviours are they engaged in that are maintaining their problems?

E.g. A CBT-based formulation
(Bennett, 2011)

- Presenting problems
- Predisposing factors
- Precipitating factors
- Perpetuating cognitions & behaviours

Psychological formulation

BUT:

- *Would e.g. A humanistic therapist approach a formulation in the same way?*
- *Would a therapist be biased in the things they focus on/choose to treat?*
- *Is a "good therapist" one who show awareness of different models? E.g. A transtheoretical approach*

Why use formulation?

- The British Psychological Society views formulation as a core skill (Division of Clinical Psychology, 2001, p. 2).
- Multiple authors support the importance of case formulation as a "lynchpin concept" (Bergner, 1998), the "first principle" underlying therapy (Beck, 1995) and the "heart of evidence-based practice" (Bieling & Kuyken, 2003).
- Formulation is a core skill because, formulation is where theory and empirical knowledge about psychotherapy, psychopathology, personality, development, culture, and neurobiology merge to inform the understanding and treatment of an individual, group, couple, or family.
- Formulation provides a structure to apply nomothetic knowledge to an idiographic context.

- Current classification systems are descriptive and symptom focused and they provide no account of why a client has symptoms, the origins of those symptoms, and what triggers and maintains them.
- Major depressive disorder is one example:
- According to DSM-V, to be diagnosed with MDD you must exhibit:
  - *`Five (or more) of the [9] following symptoms have been present during the same 2-week period and represent a change from previous functioning: at least one of the symptoms is either (1) depressed mood or (2) loss of interest or pleasure.`*
  - *In addition, one must exhibit distress or impairment in one's social or occupational functioning.*
- The criteria do not mention biochemical, psychological, behavioural, situational, or environmental factors.
- Formulation fills this explanatory gap between diagnosis and treatment.

The goals of formulation

- **(1) Formulation should be accurate and fit the individual for whom it is constructed.**
- One way to assess accuracy of an individual formulation is to evaluate the patient's response to a formulation-consistent intervention and to compare those responses to how the patient responds to formulation-inconsistent interventions.
- Another way to assess accuracy is to share the formulation with the patient and get the patient's opinion. Opinions vary as to whether a formulation should be shared with a patient. CBT therapists prefer sharing the formulation and see this as an important component of a collaborative relationship (Kuyken et al., 2009).
- Psychodynamic therapists express caution in sharing the formulation.
- Lubarsky & Barrett (2007) advise sharing its component parts rather than as a whole.
- Curtis & Silberschatz (2007) advise deciding whether to share or not based on what the formulation predicts the patient's response will be.

The goals of formulation

- **(2) Formulation should have treatment utility (Hayes, Nelson and Jarrett, 1987).**
- The formulation should contribute to the treatment beyond what would have been achieved in the absence of a formulation.
- One measure of utility is the contribution to treatment outcome. Limited research has produced equivocal results (Bieling & Kuyken, 2003; Kuyken, 2006).
- Another measure is the extent to which the formulation benefits the process/efficiency of the therapy. A formulation may have benefits for the therapist indirectly to the patient and therapeutic process, for example by increasing confidence or improving communication.

The goals of formulation

- (3) Formulation should be parsimonious yet sufficiently comprehensive.
- Some problems and clients require relatively simple and circumscribed formulations whereas others need multifaceted and complex formulations especially when the client behaves in contradictory ways, meets criteria for multiple disorders, or has major problems in multiple spheres of functioning.
- The formulation should provide a structure to optimally and efficiently represent enough information about the patient to benefit treatment, but not more.

The goals of formulation

- (4) Formulation should strike the right balance between description and explanation. Research has shown that it is difficult to achieve good reliability when formulations are based on psychological constructs that are too distant from the experience and behaviour of the patient (Seitz, 1966).
- However, for a formulation to be explanatory, it must do more than summarize biographical information.
- It is noteworthy that description and explanation can blur as one proposes an underlying mechanism.
- As Kazdin (2008, p. 12), wrote, "Depending on the detail, level of analysis, and sequence of moving from one to the other, description can become explanation."

The goals of formulation

- (5) Formulation should be evidence-based. The APA Task Force on Evidence-Based Practice in Psychology stated that evidence-based formulations apply the best research, knowledge, experience, and expertise to the task:
- What constitutes appropriate evidence? From the most clearly evidence-based end of empirically supported treatments, well-demonstrated mechanisms of psychopathology to well-documented, replicated findings about basic psychological processes.
- Between these two end-points might be psychological test findings, rating scale results, a patient's narrative of a relationship episode, a dream account, a thought record, a patient's account of automatic thinking or an assertion by the client or therapist that a thought is a core belief.
- No consensus currently exists on what constitutes appropriate evidence for a case formulation. Therefore, it is advisable that therapist create a plausible continuum and use their best judgment in evaluating evidence they gather as they formulate cases.

Theory as a basis for formulation

- As stated earlier –

- Psychodynamic Theory
- Cognitive Theory
- Behavioural Theory
- Humanistic Theory
- Integrative Approach

`The specifics of the formulation will vary depending on the theoretical orientation of the case formulator.`

Psychodynamic Theory

- Psychodynamic theory originates in the work of Freud and provides a rich source of inference for case formulation.
- He provided a number of ideas regarding normal and abnormal behaviours, including the notion of psychic determinism and unconscious motivation.
- The former entails the assumption that all human thought has a specific cause, nothing is random or accidental. The latter is the idea that majority of mental activity is outside of awareness and is goal-directed or purposeful.
- The key feature of a case formulation based on the Freudian drive/structural theory is an "emphasis on unconscious fantasy, the conflicts expressed in such fantasy, and the influence of such conflicts and fantasies on the patient's behaviour", and further,
- the assumption that these conflicts originate in childhood (Messer and Wolitzky, 2007).
- Treatment focuses on helping patients appreciate the nature and pervasiveness of their unconsciously driven motives and the ways that they avoid awareness of them.

Psychodynamic Treatment

- Rapaport and Gill (1959) propose that a contemporary psychodynamic case formulation should contain five components.
- (1) It should address the patient's major dynamic conflicts (e.g. between wishes and the feared consequences of those wishes).
- (2) It should address those aspects of the patient's personality involved in the conflicts; the id, ego, supergo, or inferred self-objects.
- (3) The formulation should address the antecedent and developmental events leading to the conflicts. E.g. what were the crucial experiences in childhood that gave rise to the patient's current concepts of self and others?
- (4) It should address the adaptive and maladaptive compromise formations that comprise the patient's defensive and coping strategies.
- (5) The formulation should state the degree of conscious awareness of the conflicts.

Cognitive Theory

- Kuehlwein & Rosen (1993) identified ten different models of cognitive therapy alone and as Nezu, Nezu & Cos (2007) pointed out, there is no single cognitive therapy, but rather a collection of therapies that share a common history and perspective.
- They share the assumption that our appraisals of events are more important to our mental well-being than the events themselves.
- Beck's model is arguably the most influential and has been subject to the most empirical scrutiny. The cognitive triad is at the heart of his theory, as are the characteristic forms of thought distortion: arbitrary inferences, selective abstraction, overgeneralizations, catastrophizing, and personalization (explaining events in terms of one's own perceived shortcomings rather than other explanations).
- A third characteristic is the use of schemas. Tacit, organized cognitive structures that influence perception and appraisal. Schemas give rise to beliefs about the self, world and future.
- Fundamental core beliefs develop in childhood and are global, rigid and overgeneralized. In their negative form they tend to focus on beliefs of helplessness or un-lovability.

Behavioural Theory

- Behaviourists have made three distinct contributions case formulation (Eells, 2007).
- (1) They place primary emphasis on understanding and modifying symptoms (behaviour is their focus).
- Using functional analysis, they examine the antecedents and consequences of symptoms in order to change them. This is a practical approach.
- (2) They emphasise the environment. A behaviour analysis always examines which characteristics of an individual's surroundings may be affecting behaviour.
- (3) They emphasise empirical assessment to test a formulation. Evidence of the accuracy is readily determinable since behavioural tests can be run.

Humanistic Theory

- In contrast to the view that humans art the inevitable product of their reinforcement history/environment or of their conscious/unconscious minds, the humanistic framework sees humans as self-actualizing and goal-directed.
- The task of therapy is to provide a nondirective, empathic and supportive environment in which the client can recapture his or her self-actualization tendency.
- Formulation or "psychological diagnosis" was de-emphasized and viewed as potentially detrimental to the therapeutic process (Rogers, 1951).
- Nonetheless, a distinct theory of personality emerged that can be formulated: the self-actualizing tendency, the inherent drive to survive, grow and improve.
- The self emerges from experience, and develops positively when met with UPR. When it is not, incongruence develops as an individual no longer grows in a manner consistent with the self-actualizing tendency.
- The self as experienced is incongruent with the real or genuine self. The task of therapy, therefore, is to facilitate greater congruence.

An Integrative Approach

- The integrative model or approach acknowledges the role of psychological, social and biological factors in the origin and maintenance of mental illnesses.
- For many of the anxiety disorders, there is evidence of biological vulnerabilities and genetic pre-dispositions, which can be accounted for under the integrative approach.
- Likewise, for many of the psychopathologies there are psychological diatheses which can be considered using the integrative model. For example in OCD individuals often report perceptions of danger or contamination built around a general schema or core beliefs developed from earlier socialisation and parenting patterns.

How to produce a formulation

- Formulations can be developed in the form of important relationships within a social context, and seen as an systemic formulation. They are often represented in a diagrammatic format to make comprehension easier.
- Formulations are hypothetical in nature. A formulation should be considered a hypothesis to be revised as necessary. It must be tested against the patient's response to interventions based upon it. Evidence from the patient can include
- (1) direct feedback, (2) narratives from the patient that confirm/disconfirm the hypothesis, (3) dreams/fantasies revealed in therapy, (4) changes in the patient's symptoms based on interventions and (5) autobiographical information from the patient.
- Although the patient is a crucial source of information to refine/revise the formulation, the therapist should attempt to understand the material in the context of the scientific evidence base in psychology.
- https://psychologytools.com/technique-case-conceptualisation-formulation.html

General case formulation

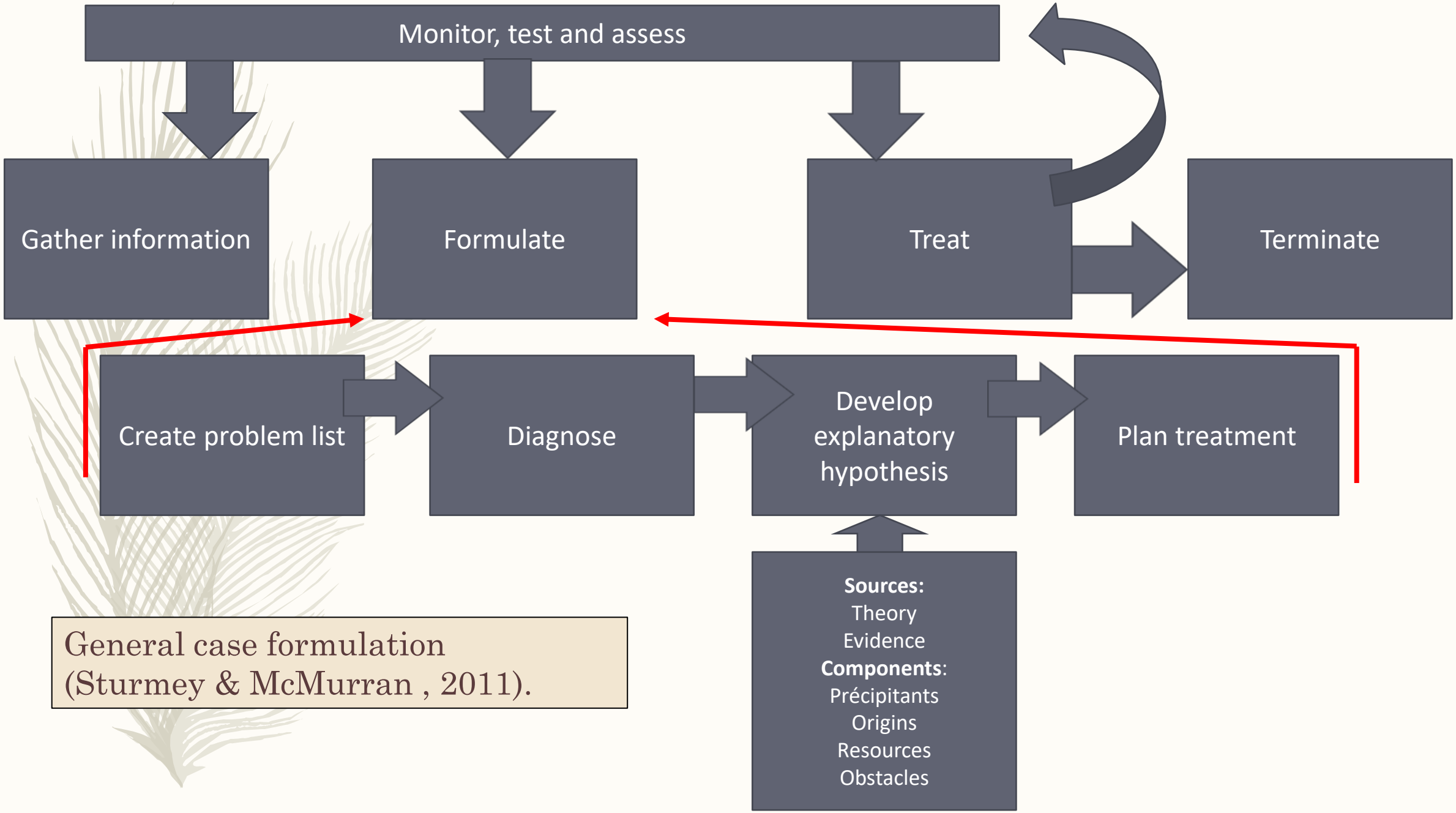
- Many clinicians recommend initial consideration of several models, recognizing the overlap among them.
- Several of the structured models and theories share the concept of a cognitive schema that predicts behavioural tendencies. In addition, different theories tend to focus on different aspects of functioning.
- Behavioural models focus on symptom production and maintenance whereas psychodynamic models tend to emphasize personality organization, internal conflict, and the quality of interpersonal relationships.
- Cognitive models emphasize relatively accessible thought processes and how they shape behaviour. These features need not be incompatible.
- In order to facilitate the choice among theories, models, and empirical sources, it is best to begin with a general case formulation framework.

Jane: An example

- Jane is 19 and has started to hear critical and hostile voices. She had a happy childhood until her father died when she was aged 8. As a child, she said she felt responsible for her mother's happiness, and pushed her own grief away. Later Her mother re-married and when her stepfather started to abuse her, she did not feel able to confide in anyone or risk the breakup of the marriage.
- As a result, she left home as soon as possible and worked in a shop. However, Jane found it increasingly hard to deal with her boss, whose bullying reminded her of her stepfather. She left the job, but long days at home in the flat made it hard to push her buried feelings aside. One day Jane started to hear a male voice telling her that she was dirty and evil. Jane began to find everyday life difficult, as past events started catching up with her, with many feelings coming to the surface. Despite this, Jane had many strengths, including intelligence, determination and self-awareness, and also recognised the need to re-visit some of the unprocessed feelings from the past.

Under DSM 5 what would Jane be diagnosed with?

- This formulation is personal to Jane, and helps make sense of her experiences in terms of psychological theory about voices.
- Importantly, (the main purpose of formulation) it indicates a way forward, which will include developing a trusting relationship with a counsellor, learning ways to understand and cope with her voices, perhaps gaining support from others with similar experiences, and talking through her past.
- Formulations are often experienced as reassuring to clients, since they convey a sense of hope about the future. In contrast, a possibly frightening diagnosis such as 'psychosis' gives the message that the 'symptoms' have somehow emerged out of the blue, unconnected to actual life experiences.
- With diagnosis, the implication is that the client needs to rely on expert direction, including medication, rather than having the capacity to re-build their lives after understandably traumatic events, whereas with formulation they can be empowered and gain control.



General case formulation (Sturmey & McMurran , 2011).