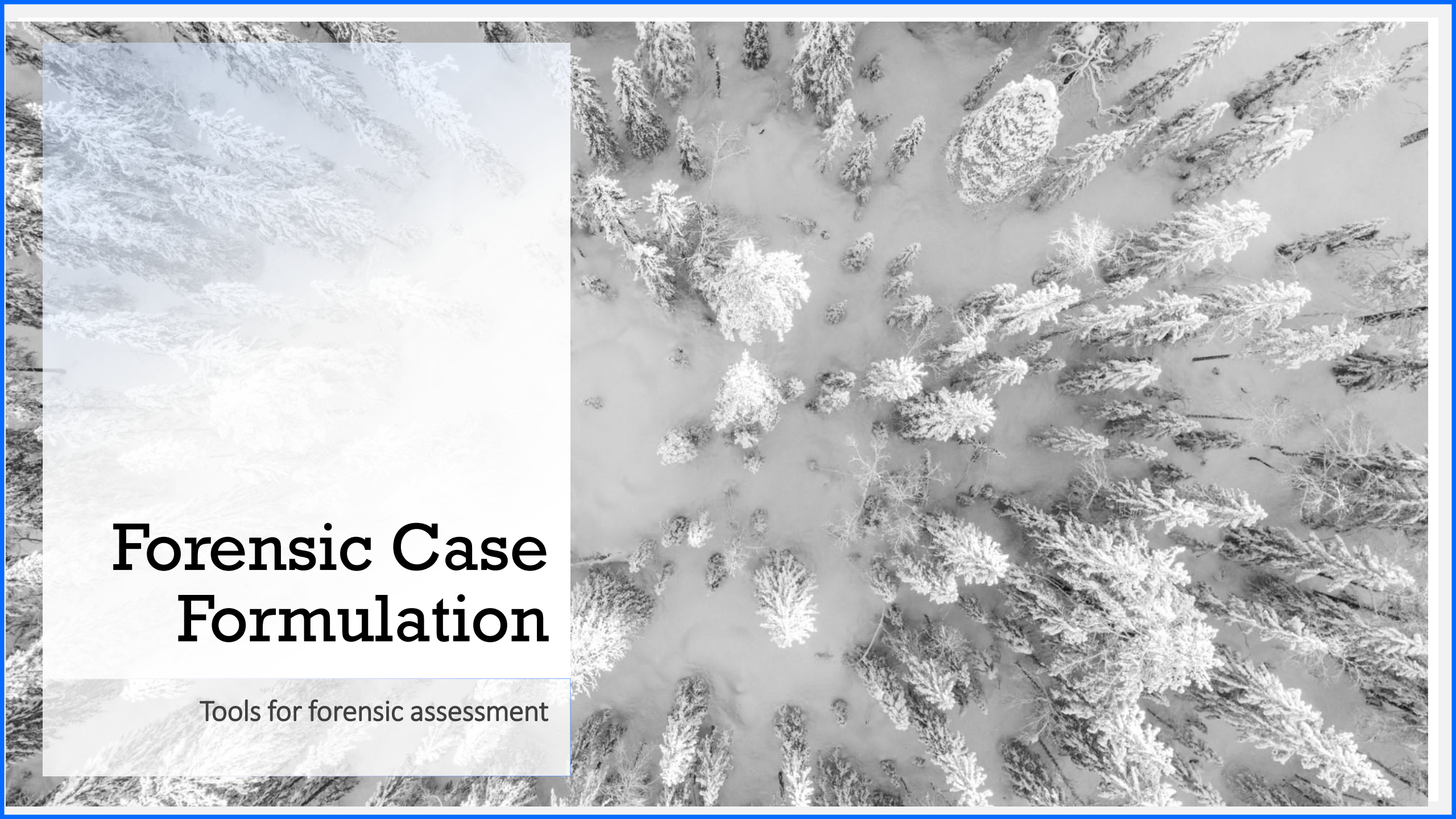


An aerial photograph of a dense forest covered in a thick layer of snow. The trees are mostly evergreens, their branches heavily laden with white snow. The ground is a uniform white, creating a high-contrast scene. The perspective is from directly above, looking down on the forest canopy.

Forensic Case Formulation

Tools for forensic assessment

What is Forensic Case Formulation (FCF)?



Formulation is the process of gathering and integrating diverse information to develop a concise account of the nature and aetiology of the problems affecting a person's mental health to guide idiographic treatment design and other decision-making.



Formulation is a **core competency** in mental health practice, including **forensic mental health**; however, there is no single agreement concerning the details of how it should be carried out or evaluated. This is because it is a relatively new concept within Forensic practice (Hart et al., 2011).

What is Forensic Case Formulation (FCF)?

However, within the past decade, case formulation has become an explicit part of work in many forensic services, where it is used to gain an understanding of each offender's criminal behaviour, clinical problems and **criminogenic needs** (Joseph & Benefield, 2012).

This understanding is typically used to devise a tailored management and treatment plan for each offender, with the aim of reducing their risk of re-offending and improving their psychological wellbeing (Minoudis et al., 2013).

What is Forensic Case Formulation (FCF)?

Formulation-focused consultation meetings are typically led by a psychologist or caseworker and attended by an individual member of forensic staff or a team of forensic staff.



Self-report questionnaires, qualitative interviews and structured assessment tools are used to gain a detailed account of the offending behaviour.



Several studies indicate that formulation-focused consultation meetings increases staff understanding of offenders. Improvements are also reported in staff knowledge, staff confidence in managing offenders, staff motivation to work with offenders and satisfaction with pathway plans (Knauer et al., 2017).



Improvements are noted in staff capability of working with personality disordered offenders for example (Ramsden et al., 2014), providing psychological understanding, team consistency and increased awareness (McMullan et al., 2014).

What is Forensic Case Formulation (FCF)?

Case formulation in forensic practice: challenges and opportunities

Vanessa Delle-Vergini and Andrew Day

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Abstract

Purpose – The purpose of this paper is to provide an overview of current practice in forensic case formulation, describing different approaches and discussing some of the practical and ethical issues that routinely arise. The paper further identifies areas where future practice and research might be strengthened.

Design/methodology/approach – There is only a very small literature to draw upon in reviewing this topic. Therefore a narrative literature review was undertaken, synthesising findings from published, peer-reviewed studies, and papers that addressed case formulation in psychological practice.

Findings – Despite case formation being considered by many to be a core competency of evidence-based forensic practice, it is not currently possible to describe a typical forensic case formulation or advocate for a particular approach to practice.

Practical implications – A number of practical and ethical issues routinely arise in the process of conducting a forensic case formulation. Ultimately, the absence of a consistent approach can lead to poor clinical decision-making and the delivery of inadequate or inappropriate intervention.

Originality/value – This is one of the few discussions of case formulation that have been prepared for forensic practitioners. It is likely to be of interest to readers of the journal given the importance of the formulation process in contemporary forensic practice.

Keywords Psychology, Forensic psychology, Case formulation, Ethical issues, Evidence based, Forensic practice

Paper type General review

One primary aim of any case formulation is to **inform intervention** (Bieling and Kuyken, 2003), by helping the practitioner to develop a **better therapeutic relationship** (Sim *et al.*, 2005) and by providing a reference point from which to **evaluate treatment progress** (Davies *et al.*, 2010).

It enables practitioners to develop a coherent set of **explanatory inferences** (based on theory) that describe and explain why the person has a particular problem at a particular time in a way that can **usefully identify possible interventions** (Kuyken, 2006).

Risk and Forensic Case Formulation

- FCF aims to provide a better understanding of the **risk of future offending** and the role that treatment can play in managing this risk.
- The formulation provides a structure to answer questions such as “**why the person offends**” and “**what are the most relevant factors that maintain the offending?**” (see also Logan *et al.*, 2011; Reid and Thorne, 2007).
- For Logan (2014), the forensic case formulation serves to organise information, create an understanding of the service contact that is agreed upon between the clinician and the client, and to act as “the springboard for intervention” (p. 174).

- Implementing interventions allows the formulation to be tested and, ultimately, confirmed or rejected.
- Lastly, and importantly the formulation is seen as an **effective means of communicating risk-relevant information** to an intended audience.
- Without a formulation, offenders who have complex presentations (or are not well understood) **will not be risk managed** with focus, clarity, or confidence, and inappropriate interventions will be more likely to be offered (Logan *et al.*, 2011).

Risk and Forensic Case Formulation

Whilst there are no hard and fast rules relating to how to conduct a CFC, there are several frameworks that exist. One such framework is the 5P's illustrated below (Logan, 2014).

- **Presenting** problems – the offending behaviour
- **Predisposing** factors - vulnerabilities of the offender
- **Precipitating** factors – the trigger
- **Perpetuating** factors – maintaining factors
- **Protective** factors – buffers or supportive factors

In addition, there is the 3D's framework (Johnstone, 2013) which consists of –

- **Drivers** – motivational factors (what the offender hopes to achieve from the offending behaviour)
- **Destabilisers** – similar to trigger factors
- **Disinhibitors** – similar to predisposing factors
- These models help the FCF build up an understanding of the **cognitive, emotional and behavioural** elements of the offender and their offending behaviour. These are referred to as criminogenic **NEEDS**.
- Both **RISKS** and **NEEDS** are important to the FCF and link to a model of offender rehabilitation known as RNR, or Risk, Needs and Responsivity (Andrews & Bonta, 2006)

Your task:

1. Conduct a **RISK ASSESSMENT** – using the **SAVRY** (next slide) read the case study of `Rick` and evaluate the level of **RISK** that you feel applies to him.
2. Using the **5P`s** framework, conduct a **FORENSIC CASE FORMULATION** of `Tom` to evaluate his criminogenic **NEEDS**.
3. In next week`s session we will discuss Tom`s potential for **rehabilitation** following the **RNR model of rehabilitation** (Andrews & Bonta, 2006) and the **GLM** (Good Lives Model; Ward & Brown, 2004).

Conducting a Forensic Case Formulation:

The SAVRY – Structured Assessment of Violence Risk in Youth (Borum, et al., 2006).

The Structured Assessment of Violence Risk in Youth (SAVRY) is a structured assessment tool that helps measure a young person's risk for future violence, aggression or any other forms of behaviour considered to be serious.

All items addressed in SAVRY are drawn from scientific research on the risk and protective factors involved in the development of violence and aggression in youth.

SAVRY emphasizes dynamic factors and is designed to be useful in intervention planning and monitoring of ongoing progress. This includes the **formulation** of clinical **treatment or intervention** plans, conditions of **community supervision** and release/discharge planning.

The SAVRY – Structured Assessment of Violence Risk in Youth



This tool is intended for adolescents aged 12 to 18 who: have been detained; or have been referred for a comprehensive, in-depth assessment of violence risk.



SAVRY is composed of 30 items, of which 24 are associated with risk factors and 6 with protective factors. The 24 risk items are divided into three categories, namely historical, social/contextual and individual/clinical risk factors, as follows:

Historical Risk:

- History of Violence
- History of Nonviolent Offending
- Early Initiation of Violence
- Past Supervision/Intervention Failures
- History of Self-Harm or Suicide Attempts
- Exposure to Violence in the Home
- Childhood History of Maltreatment
- Parental/guardian Criminality
- Early Caregiver Disruption
- Poor School Achievement

Social and Contextual Risk

- Peer Delinquency
- Peer Rejection
- Stress and Poor Coping
- Poor Parental Management
- Lack of Personal/Social Support
- Community Disorganization

Individual /Clinical Risk

- Negative Attitudes
- Risk Taking/Impulsivity
- Substance-Use Difficulties
- Anger Management Problems
- Low Empathy/Remorse
- Attention Deficit/Hyperactivity Difficulties
- Poor Compliance
- Low Interest/Commitment to School

Protective factors:

In addition to these risk factors, SAVRY also assesses the presence of six protective factors, as follows:

- Prosocial Involvement
- Strong Social Support
- Strong Attachments and Bonds
- Positive Attitude Toward Intervention and Authority
- Strong Commitment to School
- Resilient Personality Traits

These are either present or absent

How to score and interpret the SAVRY for `Rick`:

- SAVRY is composed of 30 items, of which 24 are associated with risk factors and 6 with protective factors. The 24 risk items are divided into three categories, namely historical, social/contextual and individual/clinical risk factors, as follows:

- Historical Risk Factors (10 items)**
- Social and Contextual Risk Factors (6 items)**
- Individual/clinical Risk Factors (8 items)**

- Scoring of risk

- For each risk factor, scoring is as follows

Score	Risk
0	Low
1	Moderate
2	High

- Protective factors (6 items)

- For protective factors, they are either present or absent

Protective factors	
Present =	Absent =

There is no
`absolute` total risk
score, rather, it
helps identify
areas of high risk
that may require
prioritising in the
FCF

Using the 5P's Model (Logan, 2014) for the case study of 'Tom'.

Presenting problem – what is the main issue with Tom's offending behaviour?

Predisposing problem – what factors underly Tom's behaviour that may make him more vulnerable to offending behaviour:

Precipitating factors – what triggers may have led to the offending behaviour?

Perpetuating factors - what maintaining factors are present, that prevent Tom from desisting from crime?

Protective factors – what sources of support may be available to Tom, that can help him to desist from crime?

Following on from your assessment of Risk...

Planning a successful rehabilitation intervention depends upon your effective evaluation of your `target offending population` - one person or a group of individuals.

In your case, either of the case studies available.

Two typical models of offender rehabilitation are the GLM (Ward et al., 2004) and the RNR (Andrews & Bonta, 2006) model.

A photograph of a business meeting. In the foreground, a person's hand is gesturing over a tablet displaying a diagram with two circles. To the left, a man in a dark suit and striped tie holds a white coffee cup. In the background, a woman in a dark blazer is looking at a smartphone. The scene is brightly lit, likely from a window. A white rectangular box with black text is overlaid on the right side of the image.

**Over to you for
discussion!**

References

- Andrews, D. A., & Bonta, J. (2006). *The psychology of criminal conduct*, 4th ed, Anderson.
- Bieling, P. J., & Kuyken, W. (2003). Is cognitive case formulation science or science fiction? *Clinical Psychology: Science and Practice*, 10, 52– 69. doi: 10.1093/clipsy.10.1.52
- Davies, J., Jones, L. and Howells, K. (2010), “Evaluating individual change”, in Daffern, M., Jones, L. and Shine, J. (Eds), *Offence Paralleling Behaviour: A Case Formulation Approach to Offender Assessment and Intervention*, Wiley, 287-302.
- Delle-Vergini, V., & Day, A. (2016). Case formulation in forensic practice: challenges and opportunities. *Journal of Forensic Practice*, 18(3), 240-250.
- Hart, S., Sturmey, P., Logan, C. and McMurrin, M. (2011), “Forensic case formulation”, *International Journal of Forensic Mental Health*, 10(2), 118-26.
- Johnstone, L. (2013). Working with complex cases: Mental disorder and violence. In C. Logan & L. Johnstone (Eds.), *Managing clinical risk: A guide to effective practice*, Routledge, 56-58.
- Joseph, N., & Benefield, N. (2012). A joint offender personality disorder pathway strategy: An outline summary. *Criminal Behaviour and Mental Health*, 22(3), 210–217. doi:10.1002/cbm.1835.

References

- Knauer, V., Walker, J., & Roberts, A. (2017). Offender personality disorder pathway: The impact of case consultation and formulation with probation staff. *The Journal of Forensic Psychiatry & Psychology*, 28(6), 825–840. doi: 10.1080/14789949.2017.1331370.
- Kuyken, W. (2006), “Evidenced-based case formulation: is the emperor clothed?”, in Tarrier, N. (Ed.), *Case Formulation in Cognitive Behaviour Therapy*, Routledge, 12-35.
- Logan, C. (2014), “The HCR-20 Version 3: a case study in risk formulation”, *International Journal of Forensic Mental Health*, 13(2), 172-80, doi: 10.1080/14999013.2014.906516.
- Logan, C., Nathan, R., & Brown, A. (2011). Formulation in clinical risk assessment and management. In R.W. Whittington & C. Logan (Eds.), *Self-harm and Violence: Towards best practice in managing risk*, Wiley-Blackwell, 187-204. doi: 10.1002/ 9781119991175.ch10.
- McMurran, M., Logan, C. and Hart, S. (2012), *Case Formulation Quality Checklist*, unpublished checklist, University of Nottingham.
- Minoudis, P., Craissati, J., Shaw, J., McMurran, M. M., Freestone, M., Chuan, S. J., & Leonard, A. (2013). An evaluation of case formulation training and consultation with probation officers. *Criminal Behaviour and Mental Health*, 23, 252–262. doi: 10.1002/cbm.1890.

References

- Ramsden, J., Lowton, M., & Joyes, E. (2014). The impact of case formulation focussed consultation on criminal justice staff and their attitudes to work with personality disorder. *Mental Health Review Journal*, 19(2), 124–130. doi:10.1108/MHRJ-12-2013-0039.
- Reid, W.H. and Thorne, S.A. (2007), “Personality disorders and violence potential”, *Journal of Psychiatric Practice*, 13(4), 261-8, doi: 10.1097/01.pra.00000281488.19570.f8.
- Sim, K., Gwee, K.P. and Bateman, A. (2005), “Case formulation in psychotherapy: revitalizing its usefulness as a clinical tool”, *Academic Psychiatry*, 29(3), 289-92.
- Ward, T., & Brown, M. (2004). The good lives model and conceptual issues in offender rehabilitation. *Psychology, crime & law*, 10(3), 243-257.