Assessment and Case Formulation

Understanding the definition and purpose of case formulation.

What is Case Formulation?

- Formulation is a few sentences or paragraphs that explains your client's concern or problem with some theories on why it might be happening now, for them, in this context
- Arrive at a meaningful understanding of the client as a unique individual
  - Vulnerabilities
  - Resources
  - Journey
- A formulation answers the essential question:
  "Why is *this client* presenting in *this context*, with *this issue*, now?"
- **A formulation** suggests explanations for the development of the main difficulties for this person, at this time and in these situations; and indicates how the main difficulties may relate to each other.

Definition

- **"Case Formulation** is the process by which the clinician integrates:
  - all the information known about a client and their environment
  - with clinical knowledge and theory,

  in order to understand:

  - the presenting difficulties,
  - the history of these difficulties and
  - how they are maintained.**"**

A Formulation is Different from a Summary

- A **summary** simply outlines or lists all known information; whereas
- A **formulation** attempts to *draw linkages and connections* between this information to compose a meaningful and therapeutically relevant picture of the client

Explaining and applying the 4Ps Model.

4 Ps Model of Formulation

- The original causes of the problem
  - Things that make the client vulnerable (Predisposing)
  - Things that trigger the vulnerabilities (Precipitating)

- The factors that contribute to its persistence (Perpetuating)
- Opportunities for intervention (Protective)

0. **The introduction sentence**: (presenting problem)
1. **Predisposing**: Historical factors that contribute to the current presentation, and **vulnerabilities** that make this person more at risk of the presenting problem
2. **Precipitating**: Triggers, maladaptive coping strategies, and other factors that are seen to be **catalysts** to the current presentation
3. **Perpetuating**: Factors that are seen to **promote continuation** of the current presentation (also known as 'Maintaining' factors)
4. **Protective factors**: Factors seen promote movement away from, **alleviation** of, or exceptions to the current presentation, or to be strengths that reduce the severity of the problem

- Commonly used 'chronological' order that you will use today:

1. **Predisposing**
2. Precipitating
3. Perpetuating
4. Protective factors

- An alternative order that may be more intuitive for verbal (or written) formulations in the workplace:

1. Precipitating
2. **Predisposing**
3. Perpetuating
4. Protective factors

Examples of Where the Biopsychosocial Meets the 4 Ps Model

The 'P' and trigger question	Biological	Psychological	Social
Predisposing Why her?	Genetic loading	Immature defense structure	Poverty and adversity
Precipitating Why now?	Iatrogenic reaction	Recent loss	School stressors
Perpetuating Why does it continue?	Poor responses to medication	No support at school	Unable to attend therapy sessions due to parent's work schedule
Protective What can I rely on?	Family history of treatment responses	Insightful, motivated for change	Community, and her pet dog as sources of support

Explaining and applying the Biopsychosocial Model.

Biopsychosocial Method

- Each problem or issue should be approached from a ***multimodal*** perspective
- The client is ***complex interplay*** of different contexts
- It's an ecological approach to the client that understands that there are ***many*** things influencing the problem or main concern
- Gives a ***holistic*** understanding of the client rather than a one-dimensional understanding

- **Biopsychosocial:**
  Identity & assess relevant biological factors, particularly the client's health status and familial health
  Mental health status and family psychiatric history can be considered, as relates to biology-relevant vulnerabilities
- **Psychological:**
  Identity & assess relevant psychological factors, including personality style and coping capacities
  Can also consider: past psychiatric history of the client, development history, cognitions, and any results from assessment measures (e.g., assessing personality or mental health)
- **Social:**
  Identify & assess relevant sociocultural factors or contextual factors
  (e.g., family dynamics, social history, social support and connectedness/isolation, systemic factors such as disadvantage, violence, oppression, food insecurity, housing instability)

Components of the Biopsychosocial Model

Biological	Psychological	Social
• Genetic, family history • Physical development • Temperament • Intelligence • Medical illness • Medication • Substance use • Toxin exposure • Physical disability • Hormonal changes: puberty, pregnancy, menopause, gender transition • Nutritional status	• Emotional development • Personality structure • Self-esteem • Insight, readiness for change • Patterns of behaviour • Patterns of cognition • Responses to stress, coping strategies, adaptability • Developmental stage • Attachment issues • Learning difficulties • Generational differences • Grief, loss, change	• Family systems • Peer relationships, social connectedness, intimacy • Interpersonal violence, trauma • Education/employment • Neighbourhood • Culture(s) • Socioeconomic and class context • Religion, meaning, values • Housing, security of tenure, safety, isolation, overcrowding • Stigma, oppression, minority status • Political context, migration issues

Understanding the steps involved in writing a case formulation.

Writing the Introduction Sentence (the presenting problem)

- [Name] is a [demographics e.g., age, gender, cultural background, nationality] presenting for [service, e.g., counselling] due to/following [situation/experience e.g., adjustment difficulties] in the context of/resulting in [social/systemic context e.g., return from her military service]
- **For example**: Joe is a 31-year-old male, who presented for private counselling following the breakdown of a significant romantic relationship, which resulted in him moving in with his sister, and conflict at work
- **You may also choose to include**:
  - The client's current perspective or understanding of the problem, particularly if it is different to yours
  - Relevant past diagnoses

- Who they were referred by

Formulation Tips

1. **Tentative language when hypothesising** – but not so tentative that it reads as vague, uncertain, or meaningless throughout (e.g., of tentative language "Joe *may have* developed a distrust a distrust of others..." instead of, "Joe developed a distrust of others")
2. **Ethical aspects of formulation**

1. A formulation is not **value-**neutral
2. Formulations as '**Documents of Power**'
3. Service systems/**professionals** might compound the problem
4. Remember to consider **trauma** and the whole context
5. A formulation should consider **culture**(s) and subcultures
6. Ideally formulation is done **collaboratively** with the consumer

Explaining why, how and when to use a case formulation in client-centered practice.

In the workplace: *Formulation*

1. What **length** should it be?
2. **Who helps** me come up with it?
3. **Where** would I write it?
4. When would I need to **explain it verbally?**
5. **When** would I use formulation skills as a practitioner (if I am working with clients/consumers but not as a psychologist)?