Today's Agenda

- Introductions
- Go Over Syllabus
- "There's an old Joke ..."
- General Discussion of Case Formulation
- Lecture on CBT Formulation/Discussion

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There's an old joke ...



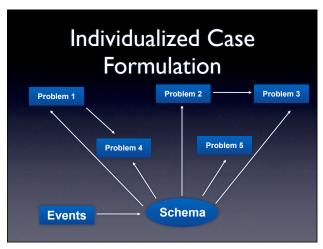
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Case Conceptualization

Individualized Case Formulation

- Techniques based on the nomothetic RCT approach
- Individualized (idiographic) approach
 - Patients often have multiple psychiatric, medical, and psychosocial problems
 - Problems that would disqualify them from RCTs
 - Understanding the multifaceted problems in terms of their function in the patient's life

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An Empirical Approach

- Formulation-driven approach allows for empirical tests during the course of treatment
- Treatment plan derived from the formulation
- Clinical improvement provides support for the initial formulation
- Poor treatment response provides evidence to revise the formulation
- Without a formulation or working hypothesis, therapy would continue haphazardly

Course of Treatment

- Case Formulation is the working hypothesis that guides treatment
- Case Formulation shared by therapist and patient can strengthen therapeutic alliance and patient motivation and compliance
- Working hypotheses describes relationships among presenting problems
 - Origins and maintenance

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Course of Treatment

- Case Formulation guides clinical decisions throughout treatment
- When to terminate, etc.
- Case Formulation can help therapist anticipate, understand, and effectively manage problems that arise
- e.g., therapy & homework noncompliance, therapeutic relationship problems

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Levels of the Case Formulation

The Case

- Understanding the case as a whole
- Inter-relationship between presenting problems and underlying schema

The Syndrome (or problem)

- Nomothetic influence on formulation
 - Theoretical work may suggest clinical leads on core beliefs, automatic thoughts, schema, etc.

The Situation

• Interpretation of a specific situation using the case formulation

Components of Case Formulation

- 1. Identifying Information
- 2. Problem List (Adapted from Linehan, 1993)
 - # Suicidality
 - # Therapy-Interfering Behaviors
 - Arriving late for therapy; homework/med noncompliance, etc.
 - # Behaviors that Interfere with Quality of Life
 - Substance abuse, shoplifting, criminality, high-risk behavior, etc.
 - **Other Problems**

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Components of Case Formulation

3. Diagnosis

- Diagnosis less important from this approach, but can provide a nomothetic framework to start
- 4. Working Hypothesis
 - # Schema
 - # Precipitants & Activating Events
 - **Origins**
 - # Summary of the working hypothesis
 - Therapist tells a story

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Components of Case Formulation

5. Strengths and Assets

- Social skills, good job, good sense of humor, good social support network, etc.
- 6. Treatment Plan
 - # Goals
 - # Interventions
 - # Obstacles

Guidelines for Initial Formulation

1. Make a comprehensive problem list

- Even though the treatment plan may only focus on some problems initially
- # Helps frame initial problems in larger context

2. Describe problems in concrete terms

- # Cognitive, behavioral, emotional terms
- Concrete, behavioral descriptors help operationalize and assess change

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Guidelines for Initial Formulation

3. Base formulation in well validated theory

- Nomothetic theory with strong empirical support and evidence in RCTs will provide good starting place
- 4. Begin formulating early
 - # As soon as the information begins trickling in
 - # Formulation as guiding principle, but also as assessment
 - My experience with 2nd Year students is there is a hesitancy to make formulations at intake

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Guidelines for Initial Formulation



5. Share the formulation with the patient

- # Builds collaboration and therapeutic alliance
- # Patient's reaction can provide valuable feedback
- Patient's disagreement with formulation might alter your overall formulation
 - Example of Jabberwocky

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IABBERWOCKY Lewis Carrol

Twas brillig, and the slithy toves
Did gyre and gimble in the wabe:
All mimsy were the borogoves,
And the mome raths outgrabe

"Beware the Jabberwock, my son! he jaws that bite, the claws that catch! Beware the Jubjub bird, and shun

He took his vorpal sword in hand: Long time the manxome foe he sought --So rested he by the Tumtum tree, And stood awhile in thought.

And, as in uffish thought he stood, The Jabberwock, with eyes of flame, ame whiffling through the tulgey wood,

One, two! One, two! And through and through The vorpal blade went snicker-snack! He left it dead, and with its head

"And, has thou slain the Jabberwock? Come to my arms, my beamish boy! O frabjous day! Callooh! Callay!'

"Twas brillig, and the slithy tove: Did gyre and gimble in the wabe All mimsy were the borogoves, And the mome raths outgrabe.

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Solving Problems that Arise

Time

- Formulations are time consuming and may not be directly billable
- Use session time as it is important to make sure patient agrees with formulation

Difficulty obtaining a Problem List

- Some patients may be resistant because enumerating problems upsetting and/or activates schema
- Proceed slowly and provide empathy

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Solving Problems that Arise

- Disagreement about Problem List and Goals
- Commonly about substance use and marital problems
- SUGGESTION:
- If the disagreement is not likely (in the therapist's judgment or as determined empirically) to interfere with the patient reaching his or her goals or lead to a catastrophe (e.g., financial ruin), then divergence is acceptable.
- If and when problems resurface, patients may be more receptive

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Solving Problems that Arise

Disagreement about Formulation and Treatment

- Share all parts of formulation and working hypotheses with patient
- When there are serious disagreements, differences need to be addressed at the outset, collaboratively
- If there can be no agreement, therapy cannot continue and a referral may need to be made