Today’s Agenda

- Introductions
- Go Over Syllabus
- “There’s an old joke …”
- General Discussion of Case Formulation
- Lecture on CBT Formulation/Discussion

There’s an old joke …

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

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 describe relationships among presenting problems
- Origins and maintenance

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

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

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

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

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

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
JABBERWOCKY Lewis Carroll

'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!
The jaws that bite, the claws that catch!
Beware the Jubjub bird,
And shun the frumious Bandersnatch!

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 uphill thought he stood,
The Jabberwock, with eyes of flame,
Came whiffling through the tulgey wood,
And burbled as it came!

One, two! One, two! And through and through
The vorpal blade went snicker-snack!
He leapt at him, giddy above,
And galumphed back.

And, has thou slain the Jabberwock?
Cometh to my arms, my beamish boy!
O frabjous day! Callooh! Callay!
He chortled in his joy.

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

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

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
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