

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

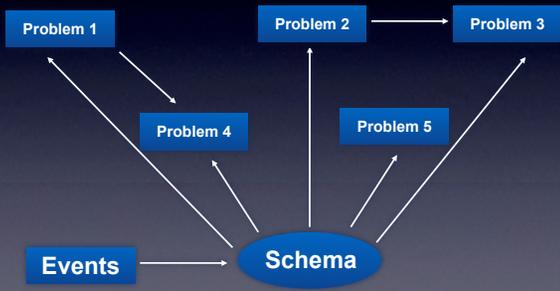
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Individualized Case Formulation

- 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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Individualized Case Formulation



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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

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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

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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

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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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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
