Formulation and Treatment Planning

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overview

- Some current difficulties with formulation
- What the literature can tell us about the purpose and process of formulation
- Going beyond diagnosis to integrate theories, informants and the concerns of the child and family
- Focal treatment planning
- Steps in managing risk in a clinical service

formulation

This is an example of a core skill that needs to be done well for us to be most effective in helping children and families

- A difficult task, conceptually and practically
- Its purpose has not been altogether clear
- There has been a lack of agreement over language – psychodynamic, clinical case, CBT, diagnostic, behavioural etc

formulation: some challenges

- Formulation is not in fact well understood
- **The shorter the expected treatment, the more vital it is that working hypotheses and clinical decisions are explicit**
- Families should expect that we can articulate the reasons behind our recommendations and will collaborate on the development of a treatment plan

formulation: what's it for?

- The formulation is a process by which a set of *hypotheses* is generated about the aetiology and factors that perpetuate the young person's presenting problems

and

translates the diagnosis into *specific, individualised treatment interventions*

formulation: literature

- Considerable research work has been done on assessing symptoms + diagnosis – which typically leads to a case for more standardised assessments
- There is a surprisingly small literature that focuses on the formulation or the integration of biopsychosocial factors

diagnosis *cf* formulation

- Diagnosis is categorical, seeks reliable groupings, aims for predictive validity for treatment outcome, is 'divergent' and atheoretical and seeks accuracy
- Formulation on the other hand is typically dimensional, 'convergent' and multitheoretical and seeks meaning

- The case formulation guides all clinical activity – it explains why interventions are chosen and why others are not
- It is an integrative process that synthesises how one understands the complex, interacting factors implicated in the development of presenting problems
- Arguably an *art* rather than a *science*

- It asks “what is wrong, how did it get that way and what can be done about it?” (Nurcombe)
- At any time, the formulation can only be provisional and hence it is an iterative process, one of repeated revision

- No single theory or perspective offers a complete account of the human predicaments that present for clinical attention
- So….. the model used must be multifactorial and interactional

- One basic formulation mnemonic is the 4 P’s (predisposing, precipitating, perpetuating and protective) *nb* pattern and prognosis
- The 3 domains of **bio-psycho-social** (Engel 1980) are used by many as a ‘cross-reference’, by others as a primary structure
- Engel’s model does provide some ‘checks and balances’ for us where we (consciously or unconsciously) privilege a particular domain

culture and ecology

- Socio-cultural factors are especially important in child psychiatry due to their influence on parenting styles, values and goals, developmental expectations, perceptions of symptoms and attitudes to treatment

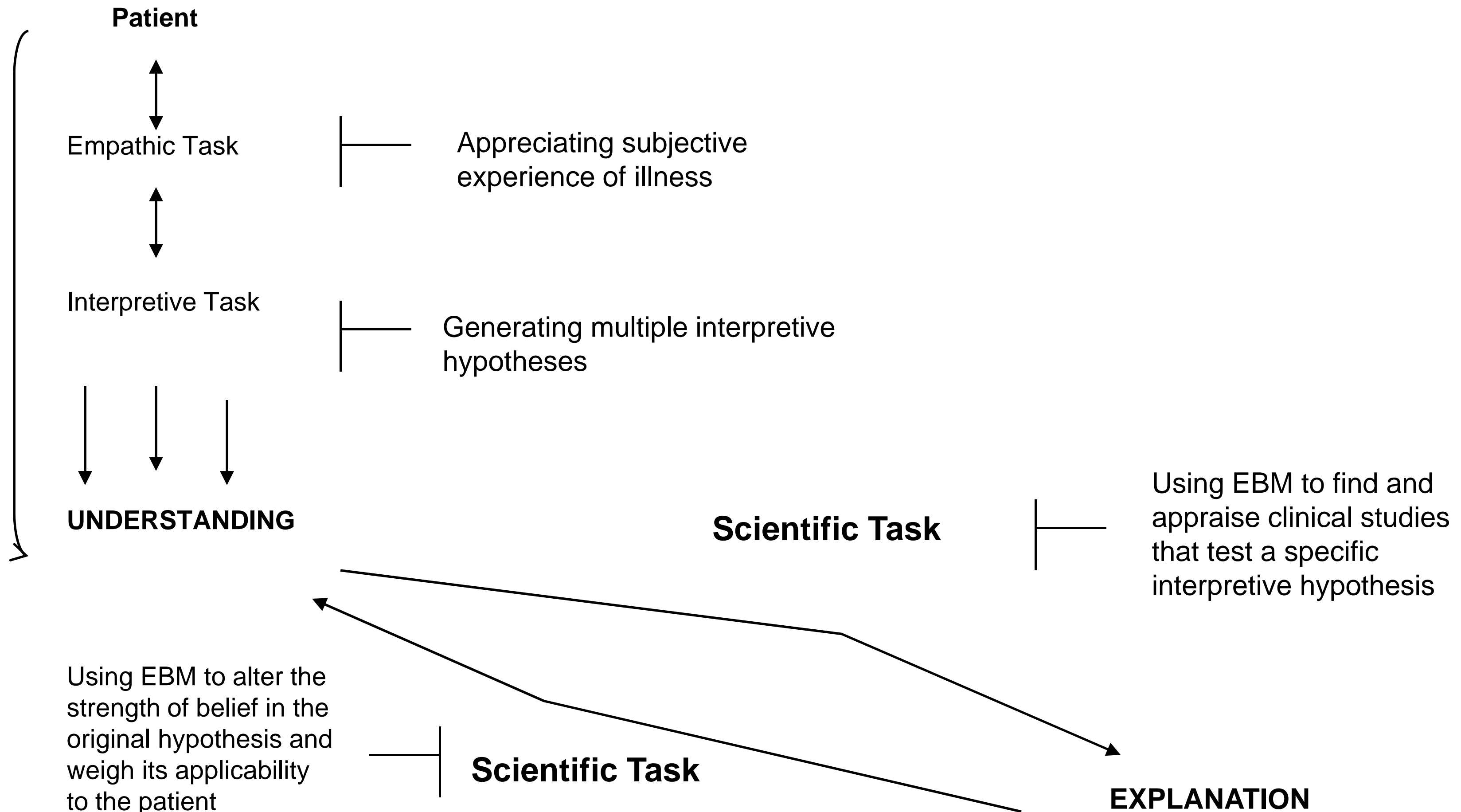
- Engel went on to emphasise the importance of a dialogue between patient and clinician in developing a shared understanding

clinical expertise

- Drawing from Frank Fish, we can identify three ‘tasks’ that constitute clinical expertise:
- 1) the empathic
- 2) the interpretative
- 3) the scientific

- The clinical work is to ‘understand’ (1 and 2) and to ‘explain’ (3) (Jaspers)

clinical expertise



focal treatment planning

*also known as "**goal-directed treatment planning**"*

- *cf* **therapy-oriented treatment planning**
  ie matching therapies to the diagnostic configuration
  - "In this kind of case…I find that the child does best if I prescribe medication, contact the school to modify expectations and put most of my effort into parental counselling" (Nurcombe)

How does focal treatment planning work?

- *Abstract* pivotal problems from the formulation
- *Re-state* the problems as goals
- *Select* the appropriate therapy or therapies
- *Designate* a target date
- *Make* specific objectives
- *Implement* the plan
- *Monitor* progress regularly
- *Revise* the plan if progress is slow or complications develop or there is deterioration
- *Terminate* treatment when goals and objectives are achieved

why focal treatment planning?

- ‘Stall’ and ‘drift’ of therapy-oriented planning
- Negotiation of the treatment plan (therapeutic alliance)
- Imagination: a wider array of possibilities are opened-up by goal-directed rather than therapy-oriented planning
- Likewise, a firmer planning structure releases us to think imaginatively about how to achieve a particular goal

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risk management and de-escalating behaviour management

- Evaluating imminent danger is paramount
- Assessment depends on the aims of treatment – reducing risk of suicidal behaviour *cf* monitoring for emergence of SB *cf* monitoring change in risk factors for SB
- Collaborative safety plans
- Take steps to increase adherence
- Determine level of care needed
- Remediate specific cognitive, social deficits
- Increase hopefulness

evaluation of aggression

- Psychiatric interview for major mental illness, substance abuse, medical disorder
- What is the range, severity and frequency of violence?
- Is it predatory or affective violence?
- Determine precipitants
- Collect collateral information from family, school
- What are parents' attitudes to violence?
- Assess motivation for change

crisis plans

- Written plans convey the steps for caregivers and young people to take
- Different plans for different situations – suicidal behaviour, impulsive aggression to sibs etc
- Need to be available (eg ED) and updated

- *Do we need examples for staff?*

summary

- Greater attention to the formulation will improve the effectiveness of our work as clinicians and as teams
- Formulations that lead to focal treatment planning are more likely to meet with improved participation from families and thereby result in more effective interventions and use of our time

Useful references

- Jellinek and McDermott *Formulation: Putting the Diagnosis Into a Therapeutic Context and Treatment Plan* JAACAP *2004;43(7):913-6 (RCH full text)*
- Winters, Hanson and Stoyanova *The Case Formulation in Child and Adolescent Psychiatry* ChildAdolPsychClinNAm *2007;16:111-32 (RCH full text)*
- Nurcombe *Diagnostic Reasoning and Treatment Planning: I-III* ANZJPsych 1987;21:477-99 (*hard copy available)*