

PRACTICAL AND PROFESSIONAL CONSIDERATIONS FOR CASE FORMULATION AND TREATMENT PLANNING IN PSYCHOTHERAPY: AN INTEGRATIVE APPROACH



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INTRODUCTION

- Despite integrative case formulation being referred to as the core skill of a trained psychotherapists, and despite published attempts to explain what it is and how to do it, in practice, psychotherapists have difficulty developing these skills and have high degrees of uncertainty as to what is required .The challenge is not so much ascertaining what should be included in a formulation but rather linking it to the development of a comprehensive and individualized treatment plan.(Ingram ,L.B. 2006) .

INTRODUCTION CONT

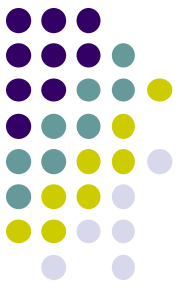


- This scenario leaves many therapists confused and frustrated, the result is that they try to integrate ideas from different models haphazardly and through trial and error or squeeze clients into their preferred formulation. The answer to this confusion is that one needs a specific set of skills that are not taught in graduate programmes- integrative case formulation the focus of this presentation.

Introduction cont



- Further emphasis is put on
- learning to use the diagnostic and statistical manual of mental disorders, fourth edition(DSM-IV-TR;American psychiatric association,2002) which leads to the faulty assumption that in diagnosis, a labeling ,categorization process with specific set of inclusion criteria ,is equivalent to case formulation.
- The message to “to choose an orientation” from well established theoretical approaches results in the adoption of a ready- made formulation that is chosen before the therapists lays eyes on a new client. Despite the evidence that most therapists combine ideas from different approaches and that no single model is comprehensive enough to incorporate biological, psychological, interpersonal and social factors in human functioning,.
- besides faculty and supervisors often discourage an integrative approach.

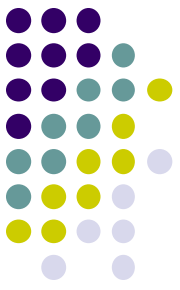


Introduction cont

The presentation includes:

- i) Definition of the terms case formulation, integrative case formulation, core hypotheses, treatment planning
- ii) Benefits of integrative formulation
- iii) Integrative approaches
- iv) Overview of integrative formulation through case study, discussion and experiential activities.
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OUTCOMES/CONCLUSION



From this presentation, participants will

- Bridge the gap between college and clinical placement
- Develop effective treatment plans that match client needs
- Be able to effectively integrate ideas and techniques from different theories in a coherent way.
- The participants will have developed professionally

Points to ponder!



As a beginner therapist, facing your first clients you probably ask yourself:

- How am I going to know what to do?

When your training begins you may wonder:

- What should I do with this specific client?

With more experience you will grasp a more important need:

- When I face any new client, how do I create a treatment plan that is the best match for that client.
- Even experienced therapists face this challenge. The answer to this question is that you need specific skills to create case formulations - the focus of this presentation

Definitions



- **Case formulation:** it is a way of summarizing diverse information about a client in a brief, coherent manner for the purpose of better understanding and treating of the client (Ingram,2006)
A formal clinical case formulation is an oral or written presentation that communicates the treatment plan along with conceptual rationale and justification for that plan
- **An integrative formulation:** Combines concepts and techniques from different therapy approaches, in a systematic, coherent way, to meet the needs of a unique client



Definitions-cont

- ***A core clinical hypothesis:*** is single explanatory idea that helps to structure data about a given client in a way that leads to better understanding, decision making and treatment choice.
- ***Treatment planning***
It is how the therapists will work with client to achieve the goals of treatment and resolve the problem

How am i going to know what to do?



To create a formulation you can either choose an orientation and follow its rules or develop a unique, integrative formulation for each client.

Choose an orientation

By choosing an orientation you develop case formulations using theories of your preferred theoretical model. This is attractive because

- i. It offers structure
- ii. Guarantees consistency and coherence among your ideas
- iii. Wins you approval from members of the profession who have followed this path
- iv. Removes ambiguity and stress from clinical decision making
- v. Gives you access to professional organizations and training programs with likeminded professionals.

Choose an orientation-cont



- If your orientation is the best match to the needs of a specific client. It serves you well; however there is tendency to squeeze clients into your preferred model even when other clinical hypothesis might lead to more effective treatment.

Develop unique, integrative formulations



- In an alternative process, the therapists integrates ideas ,skills and techniques from different theoretical approaches to create a unique formulation that is tailor made for each client's problems, personality, and socio-cultural context.

This approach recognizes that every theory has something of value to offer but is not sufficient as a sole guide for therapy.

Benefits Of Integration



- Enhances clinical benefits particularly with patients who present with multiple problems
- Provides a foundation upon which practicing psychologists/psychotherapists can expand their existing skills to incorporate new strategies that develop over their careers.
- Increased confidence and reduced anxiety at the thought of facing new clients
- It is a coherent strategy for applying what has been learned in classroom to the work with clients
- It is a frame work for developing appropriate treatment plans.
- Integrating new ideas into your customary approach will give you tools for trouble shooting when interventions fail to produce the expected benefits.

Integrative operational strands



I. Technical eclecticism

ii. Assimilative integration

iii. Theoretical integration

iv. Common factor integration



Technical integration

- a major route towards integration today
.Advocates selectively combining the best techniques, regardless of their theoretical origin and applies them in such a way as to maximize the therapeutic results (Lampropoulos,2001).
A distinction should be made between what has been called '**haphazard integration**' on one hand and '**systematic integration**'.



Technical integration -cont

In the former, techniques are grabbed at and used willy-nilly without any comprehensible rationale, whereas, in the latter, practitioners utilize a procedure of some kind for making systematic and coherent interventions that will enable them to work consistently over time (Dryden,2007)

- Critiques of haphazard eclecticism argue that simply importing techniques changes their meaning, with potentially negative effects of both the efficacy of techniques and the therapeutic alliance (Messer ,2001)

Assimilative integration



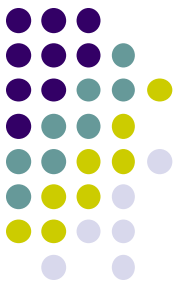
- This route to integration is described as having and working from ‘a home of your own’. The therapist establishes a “home base” theory and assimilates techniques into treatment paying careful attention to the coherence of the technique within the home base theory (Lampropoulos, 2000; Messer 2001)
- The aim of assimilative integration is to prevent meaningless contradictory pieces that are useless or even harmful in practice and to allow clinicians to develop a professional identity within one orientation without having to reject potentially useful techniques from other traditions (Lampropoulos, 2001)

Theoretical integration



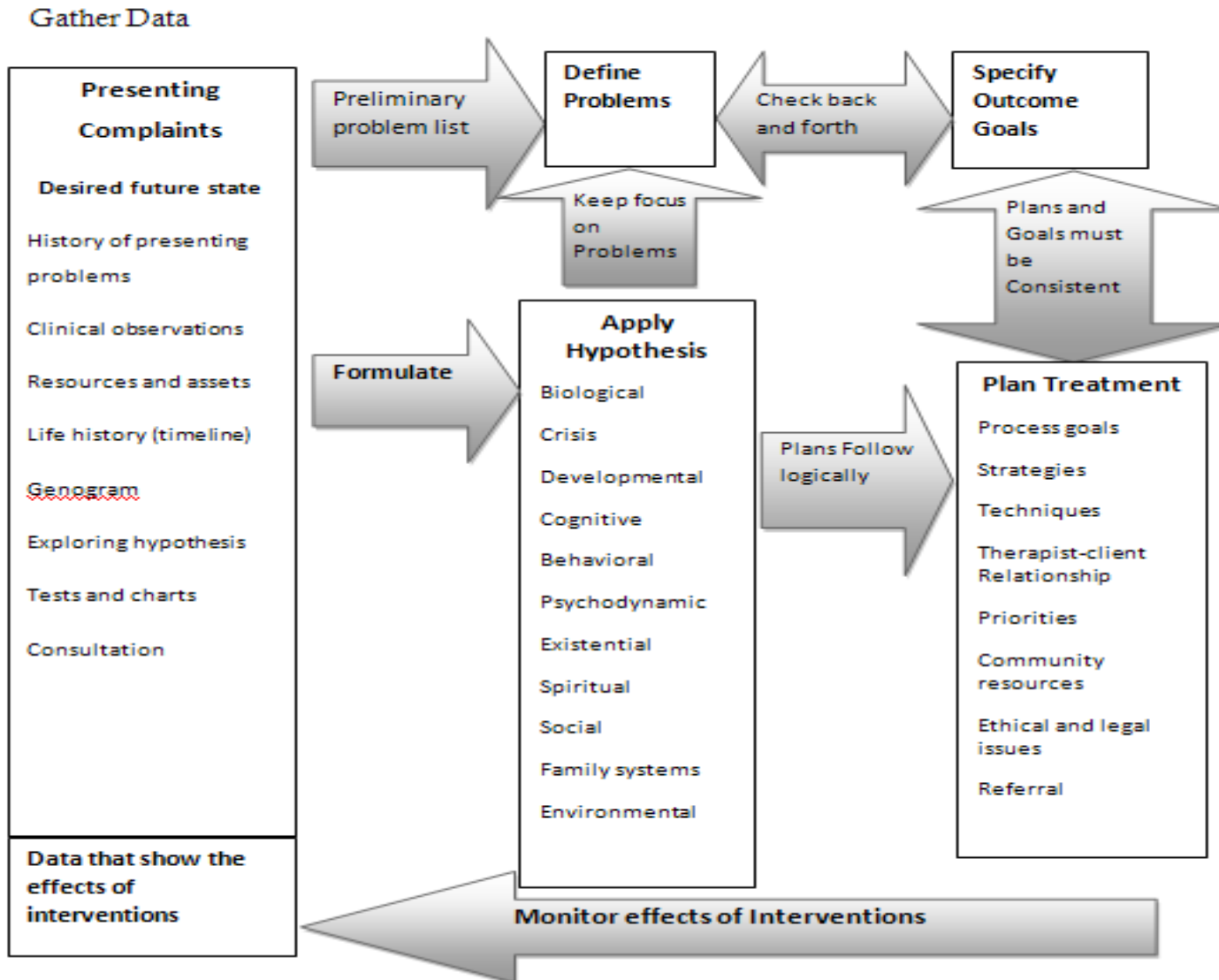
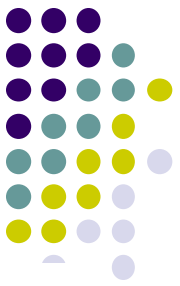
- The focus here is on theories rather than techniques, since they are not content simply to make use of techniques regardless of their theoretical underpinnings.
- In particular , they are seeking to discover the points at which different therapeutic theories converge, with ultimate intention of melding them into a single theoretical orientation that will be more meaningful comprehensive than the various parts of which it is made up-`a whole ` system of therapy (**Trans-theoretical approach**)

Common Factors integration



- Integrationist on this route attempt to identify factors that are effective across each of the therapies, and if possible, to combine them into a new approach that will have the best of all worlds
- .
- If these factors can be identified and made explicit, it may be possible to develop them into a new approach or at least utilize them more effectively within existing approaches. E.g. The therapeutic relationship.

Overview of integrative case formulation skills and processes

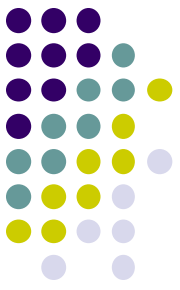


Gather data



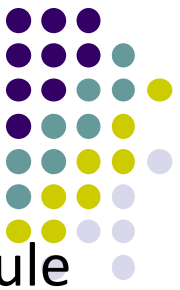
- Database must be thorough, comprehensive and complete and sufficient
- Subjective and objective data are appropriately distinguished
- The contents of the database must be uncontaminated by theoretical assumptions, inference and interpretation. Different professionals would agree about the content of the database, regardless of their orientation.
- Data gathering begins when therapist's sets eye on client or even before over the telephone, letter of referral etc.

Gather data-cont



- Data gathering process occurs in every session. First session (often called intake) is major source of information about a client. The data-gathering process later in therapy is used to evaluating whether the plan is effective in helping the client make progress towards outcome goals.
- Data can be gathered through interviews, reading charts, communicating with family members, consulting with other professionals, administering and interpreting tests and giving homework assignments.
- Therapists can use the BASIC SID to collect data as well components listed in our drawing

Gather data-cont



- The first session of data gathering should also be used to rule out two important hypotheses: ***biological causes and emergency issues*** that require immediate action, such as hospitalization or instituting crisis intervention strategies.
- During data gathering therapists must be aware of their personal values, biases, and possible counter transference issues that could contaminate data
- Data gathering should also be integrated with the following: attentive nonverbal behaviors, accurate observation of client nonverbal behavior, reflection of feelings, accurate paraphrasing and summarizing, effective open-ended questions and focused questions that achieve specific data-gathering and hypothesis-testing goals.

Define problem



- Most important part of case formulation. the way problem is defined will determine the goals of therapy and shape the entire therapeutic journey.
- Skills for problem definition involve two separate process
 - i) identifying problems by gathering data leading to a preliminary problem list
 - ii) defining problems by conceptualizing and giving titles to problem/s that will be treatment targets.
- Problem titles describe the target of your future therapeutic efforts.

Define problem- cont



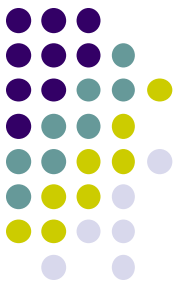
- it is a brief ,specific phrase- neither a full sentence nor except in rare cases a single word often begins with words such as difficulty, lack of , excessive or use terms that we recognize as problem states such as stress, depression, conflict, anxiety etc
- Problem definition is descriptive not explanatory e.g. stress following geographic relocation and a new job .Avoid using phrases that propose an explanation such as because of, due to. Stemming from.
- Each problem must be given a clear, specific and understandable title, worded without theoretical jargon.
- A “a good” title means that therapists and the client have agreed on a target for change that leads to achievable, realistic and desirable outcome goals.

Specify outcome goals/ desired future goal



- This is the desired state at the end of therapy; clients behavior outside therapy sessions-in real life - and are described in language that is free of theoretical jargon. Must be clear, realistic and free of theory . It must be defined in a way that allow outside evaluators to verify whether they were attained or not.
- Outcome goals need to be **SMART** to guide treatment planning , provide criteria for termination of therapy and evaluate whether progress is occurring
- Outcome goals are directly related to the problem title and are consistent with client values.

Desired outcome goals-cont



There is a logical relationship between a problem titles and the outcome goal. As in this example

- Problem: lack of friends

- Outcome: Initiate and maintain a friendship

- To assure that something is a good statement of an outcome goal. Ask:
 - i. Will achievement of this goal produce positive out –of – therapy changes?
 - ii. Will I be able to verify that this goal has been achieved?
 - iii. If the client achieves this goal, will that be sufficient to resolve the problem?

Apply hypothesis/coherent integrative assessment



- A clinician's conceptual scheme for understanding the problem based on clinical hypotheses
- Application of hypotheses involves multiple tasks and competencies.
- A search for the “ best-fit ” hypotheses
- “testing” the fit of a specific hypothesis: the focus of the interview becomes gathering data to rule “in” or “out” that hypothesis

Apply hypotheses-cont



- Selecting and combining hypotheses: don't seek every possible hypothesis that fits but instead seek a combination that will lead to a good plan. This process includes examination of cost effectiveness: given hypotheses of equal merit, determine which ones lead to a plan that is more economical in time, money and effort.
- Every idea in the assessment must be consistent with and justified by the data, you cannot ignore significant data nor can you apply hypotheses that are not supported by data. There is no reason to retain hypothesis that does not direct you to a treatment strategy.

Apply hypotheses-cont



- The assessment must not introduce new data
- The focus of assessment is on the specific problem of specific client
- Therapists must integrate materials from the highest level of education thus far attained.
- Problem should demonstrate knowledge gained from academic courses, clinical supervision, independent reading and continuing education
- The written plan is a guide, but, as therapy progresses, new choices will be made. The implementation plan is fluid, flexible and creative. There is room for intuition and trial and error.

Plan treatment



- The end product of a formulation (How of therapy).
- The plan is focused on resolving the identified problem and achieving outcome goal.
- The plan must be tailor –made for each client.
- The prescribed interventions in the plan follow logically from the ideas in the assessment discussion and do not introduce new data or hypothesis.
- Plan must be appropriate for treatment setting, contractual agreements and financial constrains
- When there is more than one problem, the therapists' addresses issues of priorities, sequencing and integration of plans

Plan treatment-cont



- Ideas are presented in the order in which they will be implemented and there must be clarity regarding process goals, intermediate objectives
- The therapists consider community resources and referrals, if appropriate.
- Legal and ethical issues are addressed appropriately. If relevant.
- Eliminate ideas in the assessment section that do not merit a plan.
- The written plan is a guide, but, as therapy progresses, new choices will be made. The implementation plan is fluid, flexible and creative. There is room for intuition and trial and error.

Monitor effects



- The effectiveness of therapy is judged by the comparison of pretherapy (problem) and post therapy (outcome) functioning, with three possible outcomes:
 - i. Improvement (successful therapy)
 - ii. Deterioration (harmful therapy)
 - iii. No change (ineffective therapy)



Monitor effects-cont

- The quality of formulation is evaluated by examining the impact treatment has on client's real-life, outside therapy functioning.
- The interventions in the treatment plan can be viewed as an experiment: "if my hypothesis is correct, this strategy should resolve the problem and achieve the desired outcome."
- You gather data about change in a clients functioning and if he achieves the desired goals, then you confirm the formulation's merit. If not then you must cycle back through the formulation tasks.
- You should watch for signs that the interventions are making problems worse or creating new problems.

Monitor effects-cont



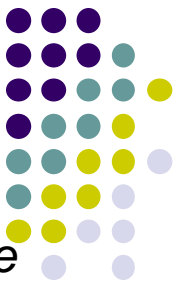
- What you label as “resistance” must be viewed as a source of useful data and a powerful clue that you need to improve the formulation.
- Two important criteria for evaluating the quality of formulations are effectiveness and cost-effectiveness:
 - i. Effectiveness: A formulation is effective when its prescribed interventions lead to desired change in the clients functioning and achievement of the client’s goals
 - ii. Cost-effectiveness: a formulation is cost-effective when, compared to alternative effective approaches; it achieves the desired outcome with less time and effort and in a more economical manner.

CONCLUSION



- Case formulation requires a foundation of professional study and good intellectual abilities. There is no shortcut to becoming a competent psychotherapist. Case formulation skills are therefore just part of the package of abilities, knowledge and judgment that is necessary for professional practice. No single book or presentation can substitute for the quantity of reading and the variety of supervised clinical experience that contribute to clinical competence.

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THANK YOU