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EVOLVING FORMULATIONS: SHARING COMPLEX INFORMATION WITH CLIENTS

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Abstract. Psychological formulations are central to cognitive behavioural approaches. The use of such formulations presents a number of difficulties when working with clients with psychotic problems. Despite this, sophisticated psychological formulations can be collaboratively developed with psychotic clients. This paper presents one method of developing such formulations through an evolutionary process. Early in the therapeutic process, simple formulations involving straightforward theoretical models are presented, which are systematic- ally elaborated as therapy proceeds. This involves developing, collaboratively with clients, successive layers of formulation. Each of these layers builds on and incorporates the previous one, yet involves an incremental increase in complexity, depth and informational con- tent. The evolutionary process is illustrated with a case example.

Keywords: Formulation, cognitive therapy, psychosis, complexity, information.

Introduction

Formulations in clinical psychology

Psychological formulations are central to the science and practice of cognitive behavioural interventions (Persons, 1989). Formulations are more than simple enumerations of problems and cognitive processes. They are designed to link theory with phenomenology, and provide a theoretically valid framework for understanding and explaining the mechanisms and pro- cesses underlying the observed problems in a particular case (Persons, 1993).

Developing collaborative cognitive behavioural formulations with clients with psychotic problems may be difficult. Individualized psychological case formulations are highly complex, and change as the clinician gathers information about the client (Brewin, 1988). Both the complexity and the changing nature of formulations may present difficulties for psychotic clients, who frequently

demonstrate deficits in abstract reasoning, mental flexibility and comprehension (see David & Cutting, 1994).

A model of ‘‘evolving formulations’’ is proposed. Formulations can, and should, be developed and presented sequentially and progressively. Simple preliminary formulations should be developed and presented to clients early in therapy. An evolution from simple but comprehensible and basic to elegant, idiosyncratic and detailed is then possible. This aspect of cognitive behaviour therapy is useful in therapy for all kinds of problem. It is an implicit element in many accounts of cognitive behavioural practice, but has not been widely discussed. The processes and benefits of evolutionary development of individual case formulations will be illustrated with a case example.

Case example

Mr Farmer was a 19-year-old man admitted to a psychiatric intensive care unit following increasingly bizarre behaviour. This had culminated in Mr Farmer being found naked and incoherent, apparently responding to auditory hallucinations and having defecated on the floor of his living-room.

Assessment with standardized measures confirmed the psychiatric opinion that Mr Farmer was suffering from some form of psychotic problem, characterized by anxiety, auditory hallucinations, paranoid delusions and mild thought disorder. Mr Farmer was also intrusive in his behaviour with staff on the unit, apparently highly needful of attention and reassurance.

Cognitive behavioural therapy was initiated. In line with the specific point of the present paper, an initial formulation was collaboratively developed. This initial formulation combined a normalizing rationale (Kingdon & Turkington, 1994) with the stress-vulnerability model (Zubin & Spring, 1977). It is illustrated graphically in Figure 1, section 1. This is the format in which this formulation was shared between the therapist (FL) and Mr Farmer and was intended primarily as a ‘‘seed’’ for further evolution. Nevertheless, even this had clinical benefits. Mr Farmer adopted a stress-management approach to his auditory hallucinations, and began to discuss in depth aspects of possible psychosocial and biological vulnerability factors, potential stressors and the nature of his psychological problems. This allowed further evolution of the case formulation, and permitted greater collaboration between psychologist and client.

Mr Farmer discussed with the therapist a number of potential vulnerability factors. These included possible biological elements; a history of emotional and psychiatric problems in both aspects of his family and his own perceptions of his sensitive nature. Mr Farmer also discussed psychosocial vulnerabilities, including his cultural background (he came from a mixed English and AfroCaribbean

background but felt alienated from black culture).

Mr Farmer also described possible stressors. In particular, two distressing episodes were discussed: an episode of inappropriate sexual behaviour between Mr Farmer and his younger sister, and an episode of unwanted sexual contact with an older adult known to Mr Farmer's family.

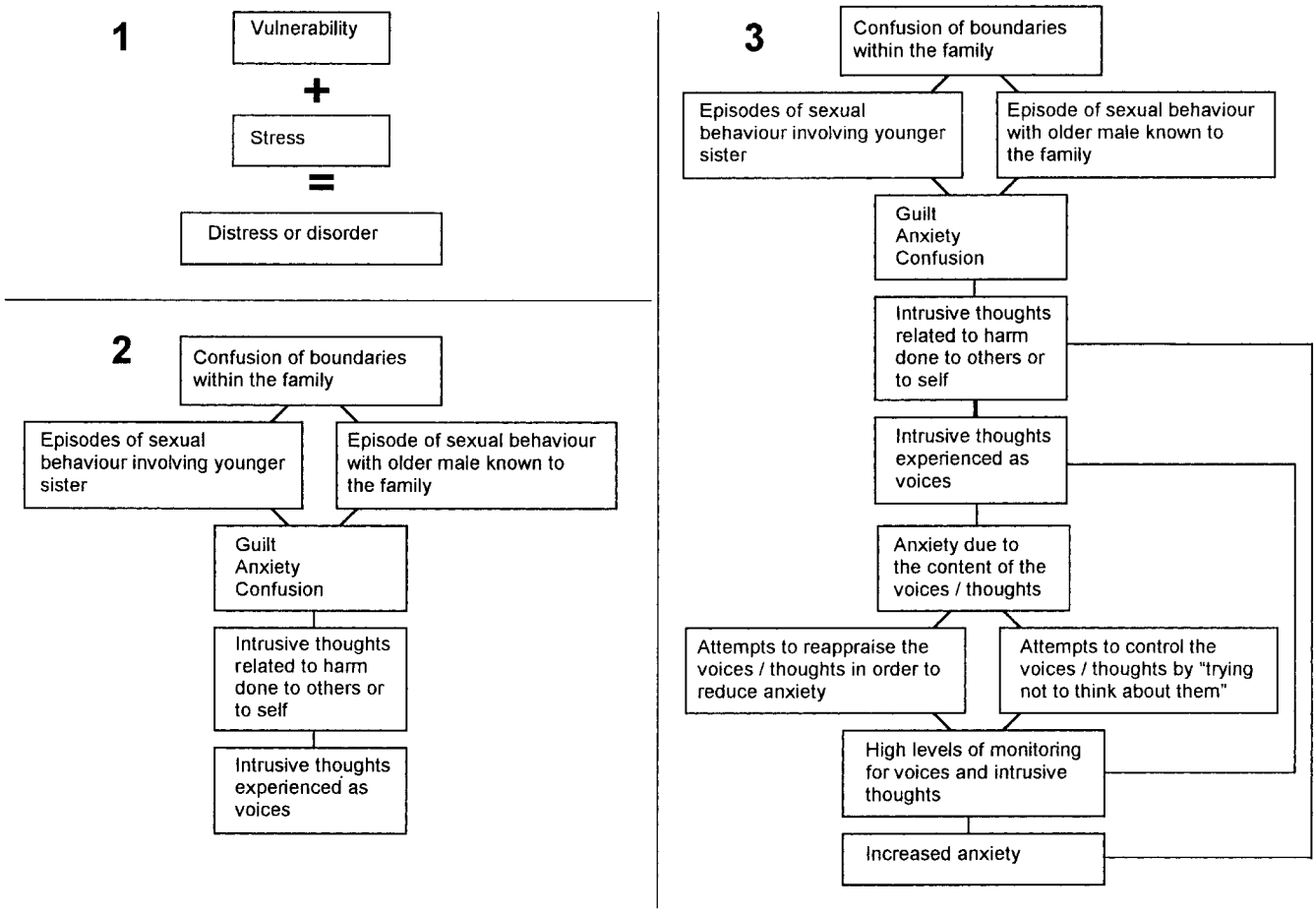

Figure 1. Example of an evolving formulation

Within this context, Mr Farmer was able to discuss the consequences of the interaction between vulnerability and stress. For Mr Farmer these were feelings of anxiety, guilt and confusion, the experience of distressing intrusive thoughts related to themes of abuse and the misattribution of some of these thoughts as voices. These elements of Mr Farmer's evolving formulation are illustrated in Figure 1, section 2.

On the basis of this second evolution of Mr Farmer's formulation, an attempt was made further to formulate the processes fuelling his intrusive thoughts and quasi-hallucinations. On the clinical and interpersonal level, the ensuing discussions

focused on Mr Farmer's behavioural and cognitive responses to intrusive thoughts, auditory hallucinations and related distress. The third stage of Mr Farmer's evolving formulation is illustrated in Figure 1, section 3. This developed Mr Farmer's understanding of the nature of his difficulties, especially the way in which his understandable responses to disturbing experiences may, in fact, have made matters worse. An intervention strategy, addressing these metacognitive beliefs and attempted coping responses, was initiated. Later in the therapeutic contact, this was coupled with work to identify early warning signs of relapse.

Discussion and conclusions

Adapting the benefits of systematic individual psychological case formulations to the demands of cognitive behavioural work with psychotic clients is difficult but rewarding. We present, in this paper, a suggestion that formulations be developed and presented as they evolve. Interventions evolve in parallel. We do not suggest that these ideas are revolutionary. It is probably the case that the advice in the present paper is, itself, a natural evolution of the use of case formulations easily recognized by clinicians. Many clinicians already work with evolving formulations. This paper highlights the need to do so and the potential advantages of this approach.

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