exercise 1

define formulation
how long are your formulations?
how do you tell a good formulation from a poor one?
why do formulation at all ...?

exercise 2

please prepare a formulation of a service user you are working closely with at this time, one about whom you have concerns relating to risk of harm to self or others

my objectives

to develop your skills in preparing formulations for your use in your direct work with service users
to develop your skills in preparing formulations with others for them to use in their direct work with service users

risk formulation

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• why think about risk?
• risk formulation
• is your formulation any good?
• a stepped approach
• does formulation make a difference?
• conclusions

why are we interested in this again ...?

RISK
• what action is required to minimise or prevent all the hazardous outcomes that are in any way foreseeable?

• what action is required to prevent the hazardous outcomes (that are foreseeable)?

• uncertainty assessment/management
  • complex, interacting, unknown or unknowable

• transparency – understanding, decision-making
  • consistency & accountability

• protecting the rights of offenders, past and potential future victims, the public, and services and their employees

(formulation)

underpins clinical practice

personality disorder & complex cases

(discretionary)

risk assessment & management

the history and the mystery

RISK FORMULATION
Organisational framework for producing (generally) a narrative that explains the underlying mechanism of the presenting problem and proposes hypotheses regarding action to facilitate change.

Case formulation vs problem formulation

Risk formulation

A variety of problem formulation

Organising information (i)

From Weerasekera, 1996

Vulnerability factors

Predisposing factors

Precipitating factors

Protective factors

Perpetuating factors

The 5 Ps of formulation

Organising information (ii)

Drivers

The 3 Ds of formulation

Disinhibitors

Destabilisers

Factors that decrease the perceived costs or negative consequences of harmful behaviour e.g., lack of empathy, negative attitudes, lack of insight, lack of guilt or anxiety

Factors that disturb an individual's ability to monitor and control their decision-making e.g., impaired reasoning, racing thoughts, impaired problem-solving or reasoning

Factors that increase the perceived benefits or rewards of harmful behaviour e.g., profit, honor, release, expression, status

Organise

Mutual understanding

Connections

Intervention

Communication

The purpose of case formulation

The purpose of case formulation
drivers or motivators

- factors that increase the perceived likelihood of gains or benefits of problem behaviour e.g., profit
- what was the service user trying to accomplish by engaging in problem behaviour in the past?
- which factors increased the perceived gains or benefits of problem behaviour?

organising information (iii)

NB organising information

there is no ‘right’ way to organise

4/5Ps model is very popular but there are others, and it’s acceptable to use combinations of ways to organise

just be sure to organise the information you have
once organised ...

decision theory

*why* has the service user engaged in harmful behaviour before? *why* might s/he do so again?

(a) entertained notion of being harmful and not dismissed
(b) positive consequences were identified
(c) negative consequences acceptable
(d) options for being harmful were/are feasible

once organised ...

decision theory

*why* has the service user engaged in harmful behaviour before? *why* might s/he do so again?

scenario planning

under what circumstances might s/he decide to engage in harmful behaviour again?

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SPJ in a nutshell

risk of what?

risk management planning:

*changing decision-making about harmful behaviour*

- **treatment**
  - treatment (or rehabilitation) strategies designed to moderate risk factors or enhance protective factors;
  - interventions intended to repair or restore deficits in adjustment and functioning

- **supervision**
  - restrictions on activity, movement, association, or communication that are intended to control risk factors – limits on opportunity to be harmful;
  - enhancements to lifestyle in the form of structure, boundaries, role expectations intended to enhance protective factors

- **monitoring**
  - the identification of those early warning signs that are an indication of a relapse to harmful behaviour
  - any indicators of a change in risk
victim safety plan
guidance to past or future possible victims to help them avoid or to reduce the impact of (re-)victimisation

$64,000 dollar question
is your formulation any good ...?

the challenge:
to demonstrate that the process of formulation improves the effectiveness and utility of risk management with harmful service users

if we can identify the common features of formulations, we can create a framework for evaluation that will help us move from the art to the science of formulation
the ‘formulation checklist’ x 2


Case Formulation Quality Checklist

narrative

case formulation quality checklist

the degree to which the formulation is presented in everyday language that tells a coherent, ordered and meaningful story

Caroline Logan
06/07/2015

Case formulation quality checklist

**External coherence**

the extent to which the formulation is explicitly consistent with an empirically supported psychosocial theory of criminal behaviour


Case formulation quality checklist

**Factual foundation**

the extent to which the formulation is based on information about the case that is adequate in terms of quantity and quality


Case formulation quality checklist

**Internal coherence**

the extent to which the formulation rests on propositions or makes assumptions that are compatible or non-contradictory


Case formulation quality checklist

**Completeness**

the extent to which the formulation accounts for a substantial amount of the critical evidence (it has a plot, that ties together the 5Ps/3Ds)


Case formulation quality checklist

**Events relate over time**

the extent to which the formulation ties together information about the past, present and future


Case formulation quality checklist

**Simplicity**

the extent to which the formulation is free from unnecessary details, propositions and assumptions

the degree to which the formulation goes beyond mere description, statement of facts, or classification/diagnosis to make detailed and testable predictions (re. if we do ..., then ... may happen statements)

the degree to which the formulation prioritises and plans treatments and interventions

the extent to which the formulation is comprehensive, logical, coherent, focused, and informative

RISK FORMULATION

• 2011 on
• successor to the DSPD Programme
• Nick Joseph and Nick Benefield
• establishment of pathways of variable ‘dose’ interventions and support across custodial (prison) and community (probation) services that addresses the needs of high risk men and women with personality disorder

• for offenders who ...
  -- have a current offence of serious harm and are likely to be serving determinate sentences
  -- are likely to have a severe form of personality disorder
  -- are assessed as presenting a high risk of committing a further serious offence
  -- there is a clinically justifiable link between personality functioning and future risk
offender personality disorder strategy
higher level outcomes

formulation is at the heart of this work
(risk and case formulation)

re. the challenge:
to demonstrate that the process of formulation improves the effectiveness and utility of risk management with harmful service users

1. a stepped approach to formulation
2. a simpler way of evaluating the quality of formulations
3. and a broader use of the formulation process

The Stepped Approach to Case Formulation
Craissati & LPP

a level 1 formulation will:
(a) give an indication of the pattern of behaviour (risk of what?)
(b) it’ll identify the range of information relied on
(c) it’ll connect some of those pieces of information with one another in a psychological explanation
(e) it’ll provide a basis for decision-making in terms of risk management or other interventions
(f) it’ll be easy to understand and relevant to those for whom it is intended – and short (around a paragraph in length)
Caroline Logan

level 1
level 2
level 3

a level 1 formulation

e.g., In the first of ten family therapy sessions (b), Mr A explained that he is aggressive to his wife, verbally and physically. This is his primary concern – and that of his wife (a). It emerged as the session went on that he is aggressive to her because he feels threatened by her independence (d). Further family therapy sessions are indicated as Mr A appears able to express himself to his wife in front of a therapist and he appears determined to change (e).

level 1
level 2
level 3

a level 2 formulation will:
(a) give an indication of the pattern of behaviour (risk of what?)
(b) it’ll identify the range of information relied on
(c) it’ll try to account for the developmental history of the case or problem and patterns in presentation
(d) it’ll connect some of those pieces of information with one another in a psychological explanation (i.e. it’ll connect important pieces of information), be based on an active collaboration with the service user, and discuss the activation and maintenance of the service user’s problem(s)
(e) it’ll provide a basis for decision-making in terms of risk management or other interventions
(f) it’ll be easy to understand and relevant to those for whom it is intended – and quite short (2-3 paragraphs)

level 1
level 2
level 3

a level 3 formulation will:
(a) give an indication of the pattern of behaviour (risk of what?)
(b) it’ll identify the range of information relied on
(c) it’ll try to account for the developmental history of the case or problem and patterns in presentation
(d) it’ll connect some of those pieces of information with one another in a psychological explanation (i.e. it’ll connect important pieces of information), be based on an active collaboration with the service user, and discuss the activation and maintenance of the service user’s problem(s) and be underpinned by psychological theory
(e) it’ll provide a basis for decision-making in terms of risk management or other interventions
(f) it’ll be easy to understand and relevant to those for whom it is intended – but it’ll be quite long (about 2-4 pages)

Basic Formulation Checklist

therefore ...

Basic Formulation Checklist

the presenting problem(s)
or risk of what?

the extent to which the formulation states clearly what it seeks to explain

basic formulation checklist (b)

information base

the extent to which the formulation indicates the range and quality (the credibility) of the information on which it’s based


basic formulation checklist (c)

developmental origins

the extent to which the formulation describes the developmental trajectory of the problem


basic formulation checklist (d)

psychological explanation

the extent to which the formulation provides a psychological explanation of the problem(s) (risks)


basic formulation checklist (e)

action oriented

the extent to which the formulation facilitates hypotheses for action to create change (mitigation)


basic formulation checklist (f)

accessible

the extent to which the formulation is easily understood and relevant


exercise 3

please re-examine the formulation you prepared at the beginning of today – see if you think it could be improved in any way, and decide whether you think it is a level 1, 2 or 3 formulation
<table>
<thead>
<tr>
<th>a broader use for formulation</th>
<th>a broader use for formulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>• in <em>direct</em> work with service users</td>
<td>• in <em>indirect</em> work with service users</td>
</tr>
<tr>
<td>— developed collaboratively, or developed by you and shared and amended with the service user; used as a basis for intervention and monitoring change</td>
<td>— developed collaboratively with another practitioner (e.g., prison officer) to be used by that person to improve the quality of their work with the service user</td>
</tr>
<tr>
<td>— level 1 through to 3 formulations</td>
<td>— level 1 to level 2 formulations</td>
</tr>
</tbody>
</table>

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**FORMULATION**

does it really make a difference?

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**this much we know**

• research in London (Minoudis et al, 2013) with PD offenders has demonstrated that the (10 item) Case Formulation Quality Checklist has
  — internal consistency: *‘excellent’*
  — test-retest reliability: *‘excellent’*
  — inter-rater reliability: *‘moderate-to-good’*

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**this much we also know**

• but non-mental health practitioners are not good at doing formulation
• good at using them though, and report improved quality of work with service users as a result of the joint formulation process
• evaluation ongoing

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**but this much we have still to learn**

• how does formulation-based risk management planning make a difference to (a) the practitioner, and (b) the client?
• can good formulations be derived from the information to hand?
  — can a silk purse always be made from a pig’s ear?
• can other professionals be encouraged to prepare good (enough) formulations alone?
CONCLUSIONS

- why think about risk?
- risk formulation
- is your formulation any good?
- a stepped approach
- does formulation make a difference?