How does case formulation fit with a protocol-led approach in IAPT settings?

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Outline

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Background

- Empirically supported therapies (EST) have become dominant in UK primary care mental health provision of talking therapies (Kazdin, 2008).

- CBT approaches are recommended by NICE guidelines as the main evidence-based treatment for various specific psychological problems (e.g. NICE, 2004).

- Core therapeutic modality for IAPT.
Background

• Formulation is considered to be an important part of therapy. At the “heart of CBT” (Beck, 1995)

• Formulation within EST may be a departure from individual formulation as is traditionally understood.
  • Medical model
  • Multiple problems

• Good Practice Guidelines on the Use of Psychological Formulation (2011)
• “best practice formulations…are not premised on psychiatric diagnosis”
Aim

- To develop an understanding of CBT therapists’ perceptions of formulation and how this fits or conflicts with their practice in the protocol-led context of IAPT settings.
Method

• Semi-structured interviews conducted with six HITs sampled from two IAPT services.

• Thematic analysis (Braun & Clarke, 2006).

• Five themes related to the research question emerged.
‘What counts as a formulation?’

- I look at the vulnerability factors and their timeline of their history in terms of important significant events that have affected them – not necessarily to do with their presenting problem – but how it’s affected them in their general life. (…) Um, and then we talk a lot about different critical incidents and then we look at the presenting problem in terms of thoughts, feelings and rigid behaviour, and then discuss about the maintenance problems – what keeps that problem alive. (Ailsa)

- What we will generally do, because obviously we’re CBT, is tend to focus on the here and now. So most of our formulations are just about the here and now. So sometimes, you know, when we're looking at previous experiences and things like that I kind of will talk about that but I might not include that on the formulation we’re looking at. (Caroline)

- I just completely ignore the formulation, if I’m honest (laughs). And just do a bit of a joint kind of story or joint understanding really. Which might involve some diagrammatic stuff or it might not. You know, it depends on the client really. But I suppose… in some ways I’ve still got some kind of formulation in my head but I’m never quite sure what that looks like. (Maggie)
‘Formulation as clarification and bearing witness’

- I use it as a way of sort of understanding um what’s going on for them. And for them to have an understanding of that. (…) I always explain to them the process. You know, we’ll sort of gather information, you’re going to teach me about you and I’m going to teach you a little bit about CBT and then what we do is – and I’ve always got a blank to show them – and then I’ll say we’re going to pull all that information together and fit it into this flowchart of you. (Leah)

- [Formulation] is kind of a living entity and it may change. And sometimes for some people you know I think they’re discovering things about themselves all the time so raising their awareness of it kind of may then link into other things that then they’ll, you know the formulation may have to change. And it should. That’s the purpose of it. (Leah)

- And if you can understand and support someone in their emotions, whatever that might be, whatever the cause might be, um, then quite often people feel valued and understood and are then sometimes more able to um… to begin to change I think. You know, just validating someone’s experiences as, you know, important and valid rather than saying that actually these are just a bit of an offshoot of your thinking and what you’re doing – I think is quite important really. (Maggie)
‘People don’t fit into boxes’

- It’s very rare that I’ve had a singular presentation with someone. I think the teacher I mentioned, the OCD lady, that’s probably been the clearest one that’s come in and it’s just been OCD (Kara).

- The difficulty there is that therapists are being driven more into fitting people into those boxes, and almost like a diagnostic, or medical model really. Um, and unfortunately I think it’s going to be detrimental to clients. (Maggie)

- I’m very intuitive by the way I work. I mean I work with the set, sort of, prescribed techniques and stuff, but I’m not manualised. And I’m aware that’s not actually very good therapy. However, I would say seven out of ten cases go into recovery if not remission. Because I think the thing is, people, clients like to feel that this is tailor-made to themselves, and to be following a manual might not do it. (…) However, I think perhaps I ought to do a more manualised thing and see. (Ailsa)
‘Service constraints and time pressures affecting formulation’

- As targets get bigger or you know as there is more pressure to see people, I think there’s less time for reflection and less time to really think about formulation and prepping for sessions (Maggie)

- Well, I’ve got twelve sessions with this person. So, you know, I’m always conscious that if I go on for another session or two that eats into their treatment time. Which then makes it difficult, you know. (Leah)

- Cos I have found with somebody who’s coming and said: “Well OK I’ve got this social anxiety problem”, when you’ve been doing the social anxiety model it just doesn’t relate to them. So you’ve figured out, well, actually that’s not the main problem. There’s other things to look at. (Caroline)
‘The client who isn’t interested in their formulation isn’t really interested in changing’

- if someone’s got autism, for example, which we shouldn’t really treat because we haven’t been trained to CBT adapted to autism, that’d be quite difficult [to formulate]. Because they have different ways of understanding, um, take things too literally, may need visual aids… so that’s something I’ve not been trained in specifically. (Ailsa)

- If somebody’s got problems that are so entrenched for so many years they can struggle with a formulation as well. (…) Somebody who’s come into the session and they are very distressed and their life is just very chaotic, sometimes they are not really in a place to think: “Oh yeah, that’s my life formulated.” I think you’ve got to be very sensitive with who you use it with. (Kara)

- And when you’re formulating with them, it’s a lot of things I can’t help with. So housing issues, or financial issues or employment issues that actually isn’t really impacting on their mental health. And in a way you become doing social work interventions and life skills stuff with people. (Kim)
Discussion

- Formulation was reported to be of central importance to participants. The core dilemma encountered by participants that led to not using formulation with some clients was an inability to offer clients an alternative to a diagnosis-led formulation.

- *The NHS Choice Framework* (DoH, 2013) emphasises clients’ rights to choice in mental health in the UK and NICE guidelines (2011) direct that treatment should take into account the needs and preferences of clients with mental health problems.
Discussion

- **Service recommendations**
  - Additional training around levels of formulation (Persons, Davidson & Tompkins, 2001)
  - *Good Practice Guidelines* document (2011) provides an audit tool
  - Reflective practice groups
  - Adhere to NICE guidelines regarding the number of sessions offered

- **Limitations**
  - Sample size

- **Future research**
  - Same research question
  - Theory of change
Any questions?