

Introduction

My first exposure to psychotherapy case formulation came as a graduate student at the University of North Carolina, Chapel Hill. I remember my first adult practicum experience. The client arrived, a man in his 30s who had been referred for possible depression. Before meeting him, I sat with my supervisor and we reviewed the referral information. He then suggested I “go in and get the lay of the land.” Not knowing quite what that meant, I went in and followed an outline. I asked the man what brought him to the clinic, what his symptoms were, and when he started feeling badly. We talked about his past mental health care, medical history, and developmental, social, and occupational history. After an hour, we agreed to meet again and concluded the interview. My supervisor, who had observed the entire exchange, described my effort as “yeoman’s work,” which I took to mean, “Not artful, but good enough for a first time.”

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Psychotherapy Case Formulation, by T. D. Eells

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Afterward, I was expected to complete an intake form. Most of the form was straightforward, requiring a summary of the information I had collected under the headings just described: presenting complaint, a history of mental health care, and so on. But then I came to a section labeled “Formulation.” I had little idea what to do with this. None of my course work had explicitly covered case formulation. I assumed that formulation was part of psychiatric training, since my practicum was at a hospital, but I later learned my counterparts in psychiatry were as puzzled as I was about what to do with this section. I wrote a few lines, drawing loosely from psychodynamic theory, and signed the form. Receiving no comment afterward, I assumed it was okay.

Reflecting back on this first interview, I see that while the instruction to “get the lay of the land” puzzled me then, it was wise advice. I understand it to mean, “Get an understanding of the unique psychological landscape of an individual, attempt to see the world as they do, and draw a map of that landscape to help guide treatment.” Yet, I also see the value in providing more explicit direction, both in interviewing and in drawing that map.

This and similar practicum experiences marked the beginning of what turned out to be a career-long interest in and study of individual psychological processes and psychotherapy case formulation as a vehicle to understanding the individual in distress. My interest in individual psychological functioning took the early form of a case study dissertation on the development of Franz Kafka’s capacity for intimate relationships, advised by Jaan Valsiner, a developmental psychologist with vast knowledge of, and even vaster curiosity about, individual psychological development. Later, I pursued a post-doctoral fellowship at the Program on Conscious and Unconscious Mental Processes at the University of California, San Francisco, mentored by Mardi Horowitz. That work involved conducting intensive studies of individuals in psychotherapy for posttraumatic stress disorder or pathological grief. I learned Configurational Analysis (Horowitz, 2005), which shed a great deal of light on the value of formulation.

As a result of these experiences, I have come to see psychotherapy case formulation as an essential component of psychotherapy training and practice. Experts from virtually all theories of therapy describe for-

mulation using terms such as a “linchpin concept” (Bergner, 1998), “the heart of evidence-based treatment” (Bieling & Kuyken, 2003), the “first principle” underlying therapy (J. S. Beck, 1995), and as filling “a gap that would otherwise exist between diagnosis and treatment” (Horowitz, 1997, p. 1). Similarly, professional organizations in the mental health fields identify case formulation as a “core competency” (American Board of Psychiatry & Neurology, 2009), “core skill” (Division of Clinical Psychology, 2001), and as a key component of evidence-based practice (APA Presidential Task Force on Evidence-Based Practice, 2006). The recognition given to case formulation is reflected in the publication of multiple books and journal articles on the topic in recent years (e.g., Eells, 2007a; Goldfried, 1995; Horowitz, 2005; Ingram, 2012; Kuyken, Padesky, & Dudley, 2009; Persons, 2008; Sperry & Sperry, 2012; Sturmey, 2008). Most of these works present case formulation from a single theoretical perspective and apply that theory to formulation; only a few are explicitly integrative (e.g., Caspar, 2007; Goldfried, 1995; Jose & Goldfried, 2008; Sperry & Sperry, 2012).

This book describes a general formulation model that is both fundamentally integrative and takes an evidence-based approach to formulation. The model is designed to adapt to any theory of therapy, any specific treatment manual, or any component of a theory or manual. It works for simple and straightforward cases, as well as those involving many problems in many spheres of life and multiple diagnostic comorbidities. The book is evidence based in three ways. First, it emphasizes case formulation inferences that are based on theories with supporting evidence. Second, the formulation process described incorporates both expert knowledge about formulation and steps to enhance sound reasoning in case formulation. Third, the model incorporates evidence in psychological science beyond theories of psychotherapy. This evidence includes findings from developmental psychology, psychopathology research, epidemiology, and cognitive science that may help explain a client’s presenting problems and guide treatment. The approach taken in the book is consistent with the perspective on evidence-based practice in psychology as adopted by the American Psychological Association (APA Presidential Task Force on Evidence-Based Practice, 2006), which is “the

integration of the best available research with clinical expertise in the context of patient characteristics, culture, and preference” (p. 273).

The genesis of this book came from years of teaching psychotherapy case formulation to clinical psychology graduate students and psychiatry residents. Initially, I taught multiple models of case formulation, assuming that students would pick and choose from the methods that best suited the needs of their clients, the evidence, and the theoretical interest of the student. On occasion, however, at the end of the course a student would approach me and ask, “Okay, I now know several models of case formulation, but which one should I use?” I also observed that beginning therapists struggle to apply theory to the individual case and frequently have a range of ideas about clients, but struggle to organize and order those ideas. I am asked, “How do I begin my formulation?” and “Where do I put the ideas I have about my client’s problems?” This book is my answer to these questions.

The primary audience for the book is graduate-level trainees who are learning psychotherapy. These include clinical and counseling psychology graduate students, psychiatry residents, social work students, and anyone else who is learning psychotherapy. I hope more experienced therapists will also find value in the book, and that those reading other volumes in the *Theories of Psychotherapy Series* will find that it complements those works.

In writing the book, I found it helpful to imagine a particular type of reader. Whether or not this is you, I thought it might be of interest to describe my “ideal reader.” It is a reader with broad interests and a curious and skeptical disposition who values simple formulations when they provide enough direction, complexity to the extent necessary, and tools that guide one in determining how much information is enough. This reader values the full range of perspectives on why clients come to therapy, why they are having problems, and what may help them; this reader may not want to choose a single set of lenses through which to view their clients. This reader values a broad foundation in psychological science, including the science of psychotherapy, the insights this work provides about process and outcome, and the value of prescribed, empirically sup-

ported treatments; yet this reader also values the art that is gained through practice, study, feedback, and reflection. This reader is looking for a basic model for organizing knowledge they can use in treating their clients. That is the person I have in mind.

To all readers, I have a note of caution: Many details are covered in the book, and as you read it you may wonder whether case formulation is too onerous and time consuming. With practice, however, the method is not daunting to use. It is not necessary to produce a lengthy, written formulation for every client or to consider every detail that is described. Rather, a more important goal is to develop a systematic case formulation frame of mind as a guide to treatment.

ORGANIZATION

The book is organized into nine chapters in two parts that together provide a foundation in evidence-based, integrative psychotherapy case formulation, including specific formulation steps and criteria for evaluating a formulation. Part I sets the context for the description of the general case formulation model and Part II describes the model.

Chapter 1 defines case formulation, describes its benefits, and suggests goals to seek when formulating. It continues with a brief history of formulation and a discussion of contemporary influences on case formulation. I introduce a case that I will use as an example in Part II. Chapter 1 closes with a discussion of tensions inherent in formulation that therapists must navigate.

Chapter 2 focuses on sound reasoning in case formulation. It draws heavily from cognitive-science research on decision making. Scholars have taken two general perspectives in regard to decision making. One perspective, led by Kahneman and colleagues (Kahneman, 2011; Kahneman, Slovic, & Tversky, 1982) as well as Meehl (1954, 1973a, 1973b), is highly skeptical of expert and clinical opinion in predicting outcomes and the ability of experts to perform better than nonexperts or statistical formulas. The other, summarized most comprehensively by Ericsson, Charness, Feltovich, and Hoffman (2006), recognizes expert performance in

naturalistic settings and seeks to understand how these experts perform so well. The aim of Chapter 2 is to encourage readers to think in a sound and sophisticated way when developing explanatory hypotheses or making other inferences and predictions about clients.

Chapter 3 addresses culturally responsive case formulation. After defining key terms, it presents a cultural perspective on case formulation and suggests areas to consider when incorporating culture into a case conceptualization. This chapter also considers a client's religion and spiritual orientation in case formulation. Suggestions are offered to help the therapist develop a formulation that is culturally, religiously, and spiritually responsive. Specific steps for incorporating culture in case formulation are deferred until Chapter 7.

Chapter 4 introduces the general case formulation model and places it in the context of an evidence-based integrative approach to psychotherapy. It provides a rationale for thinking integratively and contrasts a case formulation approach to treatment with an approach that is not case formulation based. The chapter presents an overview of the four basic, action-oriented components of the case formulation model. These components are: create a problem list, diagnose, develop an explanatory hypothesis, and plan treatment. The chapter continues with a discussion of how and what type of information to gather when developing a formulation, both in regard to the type of information needed and the process by which it may be gathered. I describe basic principles for applying a formulation to treatment and why it is critical to empirically monitor progress on a session-by-session basis.

Part II provides a detailed description of the integrative, evidence-based case formulation model. It opens with Chapter 5, which focuses on creating a comprehensive problem list. The chapter describes how to do so and why. It discusses what a problem is, suggests ways to select and organize problems, and offers suggestions on problem formulation.

Chapter 6 attempts to put psychiatric diagnosis in perspective, showing the limitations of diagnosis as well as why it is nevertheless useful to include in a case formulation. It discusses what a mental disorder is, what role psychiatric diagnosis plays in psychotherapy, its societal impacts, and what it contributes uniquely to case formulation.

Chapter 7 addresses developing an explanatory hypothesis. Since many students find this to be the most challenging part of case formulation, I describe the process in step-by-step detail. The chapter shows how to develop an account of why the client is having problems, what triggers the problems, and what is maintaining them. It begins by proposing the diathesis-stress model of psychopathology as a powerful, enduring, and overarching integrative explanatory framework. It continues with a review of primary theories of psychotherapy and sources of evidence for formulation, expanding upon the historical and contemporary influences on case formulation presented in Chapter 1. The chapter concludes with a discussion of five steps to follow when developing the explanatory hypothesis. These are to identify (a) precipitants, (b) origins of problems, (c) client resources, (d) client obstacles, and finally, (e) a core hypothesis.

Chapter 8 presents a three-step model of treatment planning: assessing the set point for treatment, identifying treatment objectives, and selecting interventions to achieve those objectives. *Set point* refers to habitual psychological and interpersonal states that foreshadow and constrain treatment. Specific aspects of the set point discussed are reactance, client preferences, cultural and religious/spiritual considerations, and readiness for change. Regarding treatment objectives, I distinguish between end-point, outcome goals and short-term and intermediate-term process goals, which are designed to lead to the desired outcomes. Three approaches to organizing treatment interventions will be described.

Finally, Chapter 9 presents criteria for evaluating the quality of a case formulation and describes how to apply the criteria. These criteria emphasize the form and content of the formulation and the formulation's grounding in theory and evidence.

I hope you find this book engaging and readable, and that it provides you with a useful framework for conceptualizing your clients and planning treatment, regardless of your specific theoretical orientation. Above all, I hope it helps you serve your clients well by enhancing therapy outcomes.