



Specialising in Personality Disorder  
and Complex Trauma



# The importance of developing a Shared Formulation

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# Aim of this presentation

To move beyond thinking about diagnosis to developing a **shared formulation** that helps us:

- a) Build a **mutual understanding** with the person of where the problems they come to us for originate,
- b) Build collaborative treatment goals where the person is able to make **informed decisions** about their treatment, and
- c) Ensure that this mutual understanding is **accurate, trauma-informed** and gives the person **agency**.

## Introducing K.

K. is a 32 year old woman with a diagnosis of borderline personality disorder, however, she was often labelled as “antisocial” and offered limited therapeutic support.

She experienced chronic suicidality, yet due to the risk of aggression there was an advisement for home visit only to occur with police.

She had a history of becoming aggressive with police, and had once held a knife and threatened a police officer. Therefore police would refuse to enter her home.

There had been an unhelpful connection made between the aggression and suicidality in the past.

# Historical Context

- The word “Formulation” was not mentioned in Psychiatric texts until the late 1970’s.
- Initial definitions included: diagnosis; classification of disorder and plan for further investigation & treatment.
- In 1994 this was extended to include: diagnosis; aetiology; treatment and prognosis. Identifying it as not merely a summary, but an *extension of clinical reasoning*.

# The Montgomery Judgement

A person being *actively involved* in this clinical reasoning is **ESSENTIAL!**

*The Court reached the conclusion that it was the patient's right in law to decide for herself what should happen. To allow the doctor to decide on the patient's behalf was not considered to be acceptable in today's society. The doctor's responsibility was to provide the patient with sufficient information to make the decision.*

# From “doing to” to “working with”

- Having someone be actively involved in building a shared formulation allows them to:
  - Question aspects of the treating team’s understanding
  - Contribute to a deeper understanding from their perspective
  - Clarify aspects that may be misunderstood or missing from the clinical understanding
  - Have informed choice about treatment and recovery options
- It allows the formulation to be dynamic and perpetually building towards a mutual understanding that informs all aspects of recovery.

# Why developing a shared formulation is crucial for people with BPD?

- Link between childhood/trauma experiences and current symptoms is not readily understood
- Attachment difficulties link to current symptoms
- Understanding how the person's personality (thoughts, emotions and behaviours) and patterns of behaviour were shaped by life experiences (attachment, trauma, invalidation)
  - Eg: someone with a hypersensitive amygdala and experiencing inadvertent invalidation due to this hypersensitivity being misunderstood.

# The 5P Formulation Model

- ***Presenting problem***  
What brought the person into the room?
- ***Predisposing factors***  
What vulnerabilities underlie this experience?
- ***Precipitating factors***  
What led up to this experience at this time?
- ***Perpetuating factors***  
What causes this experience to be continually problematic?
- ***Protective factors***  
What positive factors protects the person in this experience?
- ***The Plan***  
With the shared formulation, what is the plan you all agree upon?



# Collaboration is Essential

## *Perspective is not built in isolation*

- Where possible, gain as much of the information in the formulation from the person's own voice.
- Where possible, and unless unsafe to do so, include the family / carer's perspective.
- Collaborate with your team: multidisciplinary teams mean various perspectives that all hold some validity.

# Guiding Principles of a Shared Formulation

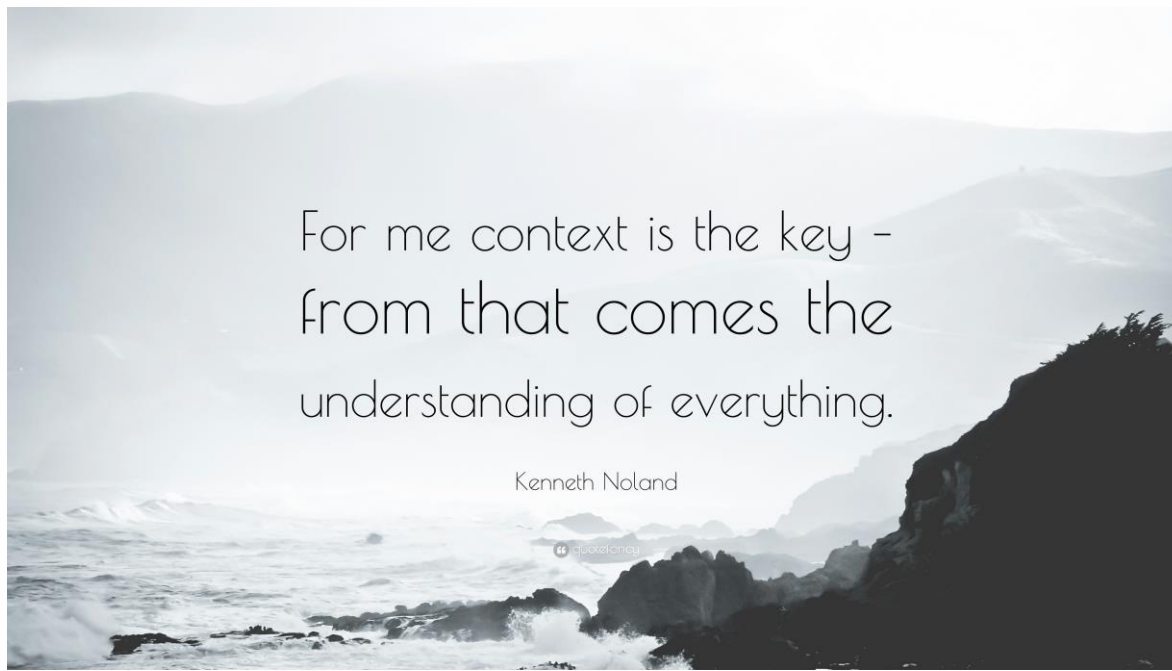
- **Chronological:** written in sequence
- **Concise:** clear and without jargon
- **Complete:** clinically relevant questions need to be addressed
- **Practical:** common sense always comes first
- **Compassionate:** eliminate judgment and hold a trauma-informed lens where appropriate
- **Collaborative:** with the person, the team and the family

# Benefits of holding a shared formulation

- **Mutually agreed understanding**  
Holding a shared understanding of what the problems, precipitators and vulnerabilities are allows for clarification, correction and collaboration.
- **Collaborative treatment goals & plan**  
Shared understanding helps build the framework for realistic and meaningful treatment goals, and therefore a collaborative plan.
- **Increases agency**  
In developing a shared understanding, this places the person in the position of steering the ship, rather than being a passenger on their journey.



# Context Matters!



# Back to K: Building a shared formulation

In understanding this experience from K.'s perspective:

## *Presenting problem*

- Suicidality was completely unrelated to any charges or potential charges in relation to aggression and violence. Her experience was related to her internal turmoil.

## *Precipitating factors*

- She had recently received communication that a perpetrator was due to be released from prison.

# Back to K: Building a shared formulation

## *Predisposing factors*

- She has had an extensive history of trauma. This included being forcibly removed (by police) from her mother as a young child, which was her first and contact with people in uniform. She had also had her own children removed from her care in a similar experience.

## *Perpetuating factors*

- Seeing a person in an authoritative uniform triggers flashbacks of these incidents for her and she experiences panic.

# Back to K: Building a shared formulation

## *Protective Factors*

- She has some (limited) contact with her daughters. She was very well connected with her therapist and felt understood. Her therapist was the first person in her words who “wasn’t scared to work with her”.

## *The plan*

First and foremost, focused on safety and then therapeutically worked through the precipitator(s).

# References

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