Integrative Formulation and Systemic Formulation

Arlene Vetere

drarlenevetere@hotmail.com
Good Practice Guidelines (can be downloaded from www.bpssshop.org.uk)
Key messages of the guidelines

‘The document recognises the value of all types of formulation, while recommending that clinical psychologists always formulate from a broad-based, integrated and multi-model perspective which locates personal meaning within its wider systemic, organisational and societal contexts’ (p.2)
DCP Guidelines

‘While the principles outlined in this document will be broadly relevant to formulation used in a more partial, informal or evolving way, for obvious reasons it will not always be possible, necessary or appropriate to incorporate them in full...However, the guidelines can still be seen as a useful reference point and checklist for all stages and versions of formulation’ (p.11)

‘Best practice should be based on a considered choice about what to include or exclude in any given formulation, in line with the principles discussed in these guidelines, and adapted as necessary to the service user’s or team’s particular circumstances and contexts’ (p.13)
Definition of Formulation

“Formulation......summarises and integrates a broad range of bio-psycho-social causal factors. It is based on personal meaning and constructed collaboratively with service users and teams.” (DCP, 2011)

“The lynchpin that holds theory and practice together” (Butler, 1998)

“.......at some level it all makes sense” (Butler, 1998)
All formulations......

- Summarise the client/s’ core problems
- Suggest how the client/s’ difficulties relate to one another, by drawing on psychological (social science) theories and principles
- Attempt to explain, on the basis of psychological theory, why the client/s has developed these difficulties, at this time, in these ways, and in these situations
- Give rise to a plan of intervention which is based in the psychological processes and principles already identified
- Are open to revision, critique and re-formulation
Purposes of formulation (Butler 1998)

• Clarifying hypotheses and questions
• Understanding - providing an overall picture or map
• Prioritising issues and problems
• Selecting and planning interventions
• Predicting responses to interventions; predicting difficulties
• Determining criteria for successful outcome
• Thinking about lack of progress; troubleshooting
• Overcoming bias

• ? Strengthening the therapeutic alliance
• ? Encouraging collaborative work with the client
• ? Other benefits for the client
• ? Other benefits in teamwork, such as consistency of approach
• ? Service culture change
Differences and common factors in formulations

• Factors seen as most relevant ie thoughts, emotions, behaviours, social circumstances, and so on

• Explanatory concepts drawn on ie schemas, the unconscious, discourses, relationships

• Emphasis placed on reflexivity
Differences and common factors in formulations

- Degree to which adopt expert vs collaborative stance
- Positioning in relation to psychiatric diagnosis
- Positioning re ‘truth’ vs ‘usefulness’ of formulation
- Way the formulation is developed, shared and used within therapy
Formulation may serve other purposes (DCP, 2011)

- Noticing gaps in the information
- Framing medical interventions
- Ensuring a cultural understanding has been incorporated
- Helping service users and carers to feel understood and contained
- Helping the therapist to feel contained
Cont’d

• Strengthening the therapeutic alliance
• Encouraging collaborative work with service users and carers
• Emphasising strengths and resources as well as needs
• Normalising problems, reducing self-blame
• Increasing service user’s sense of agency, meaning and hope
Changes at Inter-related Levels

- Behavioural patterns – emphasis on structure & processes in families
- Belief systems – underlie family processes and shifts lead to profound changes
- Emotional patterns – emotional atmosphere, arousal, attachments, attachment threats
- Relationship with wider contexts – subject to social and cultural discourses, expectations of acceptable/unacceptable behaviours
Families and Trauma

- Mrs B
- Mrs B (40)
- Mr B
- June
- Bobbie

Diagram showing family relationships with labeled individuals.
Exercise in integrative formulation

1. Brainstorm ideas about June and Bobbie in twos or threes
2. Collate ideas as a group
3. Using the checklists to promote a comprehensive integrative approach and as a tool for practice and supervision: Have we covered all key aspects?
4. Consider the possible integrative formulation for June and Bobbie. How well does it meet the checklist criteria? Is the checklist useful?
Ten tests of a formulation (Butler 1998)

• Does it make theoretical sense?

• Does it fit with the evidence? (problems, reactions to experiences, strengths and resources)

• Does it account for predisposing, precipitating, perpetuating and protective factors? (both overall and with respect to episodes of difficulty)

• Do others think it fits? (client, family, supervisor, colleagues)

• Can it be used to make predictions (about future difficulties, resources, and so on)
Ten tests of a formulation (Butler 1998)

- Can you work out how to test these predictions? (to select interventions, anticipate responses etc)

- Does the past history fit? (strengths as well as weaknesses)

- Does intervention based on the formulation progress as would be expected?

- Can it be used to identify future risks or difficulties for the client?

- Are there important factors that are unexplained?
An integrative formulation seeks to balance........

- Inner and outer worlds
- Thinking, feeling and behaving
- Past, present and future
- Introspection and action
- Strengths and difficulties
- Symbolic meanings and real life facts
- Transference and collaboration
- Individual agency and social pressures
- Individual and family/systemic perspective
Always using formulation as a focal point for supervision

Helps to answer the questions:

• Why has this person developed these difficulties, at this time and in these situations?
• What is the personal meaning of their difficulties?
• What intervention should we choose?
• What difficulties can we anticipate?
• What transference/counter-transference issues may arise?
• What are the risks?
• Are there things we don’t know?
• Why are we stuck?
Features of systemic formulation in common with other disciplines

• Holistic approach
• Use of ‘working hypotheses’
• Multi-dimensional approach
• Integration of variety of theoretical positions – multi-perspective approach
• Critical and reflective orientation
• Evidence-based orientation
A Model of Systemic Formulation

- The problem – deconstruction
- Problem maintaining patterns and feedback loops
- Beliefs and explanations
- Emotions, attachments and relationships
- Contextual factors
1. The Problem - Deconstruction

- How is the problem defined – individual or inter-personal?
- How does the problem affect relationships?
- How do relationships affect the problem?
- Who is most affected by the problem?
- Life history (tracking) of the problem – when started, development, what factors influence?
1. The Problem – Deconstruction (cont’d)

Exceptions:

- Recent successes in overcoming the problem, or when it has been absent
- Distant past exceptions
- Exceptions in the wider family network
- Hypothetical exceptions
- Relationship to help
2. Problem Maintaining Patterns & Feedback Loops

• Structures – exploration of family organisation. Mapping of family boundaries, power, roles, tasks & inter-connected systems

• Process and feedback loops – exploration of repetitive patterns of behaviour based upon feedback loops between different family members

• Problem determined systems & ironic consequences
3. Beliefs and Explanations

• Family wide beliefs (communication ‘rules’ & safety in communication)
• Extra-family beliefs
• Socio-cultural beliefs and discourses
• Family members’ perceptions, beliefs
• The ‘management’ of difference
4. Emotions, Attachments & Relationships

- Exploration of nature of emotional dynamics, strategies of emotion regulation, reflective functioning
- Attachments in the family
- Attachment and emotional connections/cut-off across the generations
- Styles of, and beliefs about, how to communicate effectively
- Attachment triggers, threats & injuries
5. Contextual factors

- Strengths, resources, and constraints
- Environmental/social factors
- Extended family & social support
- Professional agencies & networks
- Cultural discourses: social, political, economic
- Oppressive practices

Vetere and Dallos (2003)
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-disposing</td>
<td>Flashbacks and fears</td>
<td>Beliefs of self-blame</td>
<td>Insecure attachment</td>
<td>Marital discord</td>
<td>Abuse by father</td>
<td>Difficulty concentrating</td>
<td>Socially unconfident and unassertive</td>
</tr>
<tr>
<td>Precipitating</td>
<td>EMDR</td>
<td>Cognitive therapy</td>
<td>Psychotherapy</td>
<td>Couples therapy</td>
<td>Group therapy</td>
<td>Learning support</td>
<td>Group activities</td>
</tr>
<tr>
<td>Perpetuating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------------</td>
<td>-------------</td>
<td>-----------</td>
<td>----------------</td>
<td>--------</td>
<td>------------</td>
<td>----------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Pre-disposing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Precipitating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perpetuating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Protective</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical intervention</td>
<td>EMDR</td>
<td>Cognitive therapy</td>
<td>Psycho therapy</td>
<td>Couple Therapy</td>
<td>Family Therapy Group Therapy</td>
<td>Learning Support Social Support</td>
<td>Group social activities Social support</td>
</tr>
</tbody>
</table>

Weerasekera 1996 Explanation and Levels of Intervention
Approach
(theories, values, working ideas)

• Feedback processes
• Attachment theory
• Gender sensitivity
• Anti-discriminatory policies (GRRAACEESS)
• Observing systems
• Pattern which connects
• Family systems theories
• Reflexivity
Method (ways of working, organisational patterns)

- Reflecting processes
- Video review
- Formulation & progressive hypothesising
- Live supervision
- Therapeutic relationships/secure base
- Monitor and explore issues of social difference
Technique
(practice activities and tools)

• Enactment & re-enactment
• Genogram
• Circular questioning
• Solution focused questioning
• Sculpting
• Externalising the problem
• Internalised-other interviewing

Burnham (1992)
Corrective and Replicative Scripts

This utilises ideas from John Byng-Hall that families make comparisons across the generations in terms of similarities and differences between how our own parents were with each other and us (the children) and how this is repeated or altered in the next generation.

Importantly it allows us to work in a positive frame with the family in that we may construe the intentions of the parents positively, i.e. they have tried to repeat what was good or correct what they felt was bad about their own experiences. This can then lead to a discussion of whether these attempts have been successful or not, and possibly how they might be altered, strengthened, elaborated etc.

• What are your thoughts about how similar or different your relationship with each other and your children is to your parents’ (grandparents’) relationships?
• What have you tried to make similar or different to either of these relationships?
• What do you value vs feel critical about in either of your parent’s relationships?
• Does what you have tried to repeat/change work? Is there anything that you want to alter, strengthen, abandon about what you have been trying to repeat or change?
Exploring Attachment Narratives Through the Family Genogram

The relationship between the grand–parents - questions about the grandparents’ relationship can bring out stories about the parents’ childhood experiences and prompt a consideration of how their own children experience their relationship (mother and father)

• How would you describe your parents’ relationship - cold, warm, distant, passionate, conflicts?
• What differences do you see in the relationships between mother’s parents vs father’s parents?
• In what ways are either of your parents’ relationships similar to your own?

Corrective and Replicative Scripts

• What have you tried to make similar or different to either of these relationships?
• What do you value vs feel critical about in either of your parents’ relationships?

Influence on the parents’ relationship with their own children - questions which invite the parents to consider how their own experiences have consciously or unconsciously influenced and shaped their relationships with their children:

• How do you see your relationship (mother and father in turn) with your children?
• How are you different with your children to how your parents were with you?
• Do you think you are closer or more distant to your children than your parents were with you?
EMOTIONAL SCULPTING

Sculpting with family members themselves, or sculpting with objects (coins, buttons, stones, figures etc) ...

PROMPTS (can use direct or circular questions...)

• Map the current attachment patterns, relationships – who looks after whom, etc.
• How does it feel to be, for example, at the centre, on the edge, between your parents, and so on?
• Now that you and your brother are closer, how does that make you feel?
• If you were to get closer to your mother what would that be like?
• How do you think your sister feels being that distant from your father? And so on.....
Exploring Patterns of Comforting

• When you were upset or frightened as a child – what happened?
• How did you get to feel better? Who helped you to feel better? How did they do this?
• What have you learnt from this for your own family?
• What do you want to do the same?
• What do you want to do differently?
• How do people comfort each other in your own family/relationship?
• How do you comfort your children?
• How do they comfort you?
• What do you want your children to learn about comforting?

Can be held as a family or couple interview or as a one-to-one conversation.
FORMAT: WALKING AROUND IN DIFFICULT MOMENTS

• Identify the person, couple, family etc... a difficult event, episode, pattern
• Articulate the experience in the pattern for each person separately eg for both partners in the couple, or for family members, etc.
• Direct focus to the critical and difficult part of the pattern, for example the outburst of anger, conflict, criticism etc
• Identify the feelings, thoughts and actions at the critical moment in the episode (attachment triggers and attachment injuries, resonances)
• Therapist supports the other partner in listening and staying responsive, (with couples reverse the experience before inviting them to turn to each other)
• Try to trace the thoughts and feelings that fuelled the action/connection to the person’s underlying ‘internal working model’
• Consider with them where their working model derives from, eg some previous history in the family?
• Consider particular experiences of insults, shame and humiliation – past attachment injuries etc that may also be a part of the ‘working model’
ACTIVITY: INTERVIEWING INTERNALISED ATTACHMENT FIGURES

- Take on the role of one of your parents (or a key attachment figure)
- Try to imagine how they would answer the following questions
- In the interview try to become and talk like your parent (or a key figure)

Questions:
- How is your life at the moment, what is happening for you?
- How do you see yourself, what kind of a person do you think you are – perhaps your best and worst aspects?
- How do you feel your childhood experience has made you the person you are?
- How do you see X – the person being interviewed? (Lee - how do you see Arlene? What is she like as a daughter? Is she a good daughter, etc?)
- What do you think of X’s relationships; his/her choice of friends, partners, etc?
- What influence do you think you have had on X?
- How do you think X sees you?........
Formulation in Psychology and Psychotherapy
Making Sense of People's Problems
Second Edition
Edited by Lucy Johnstone and Rudi Dallos
Click to LOOK INSIDE!
Some Useful References

