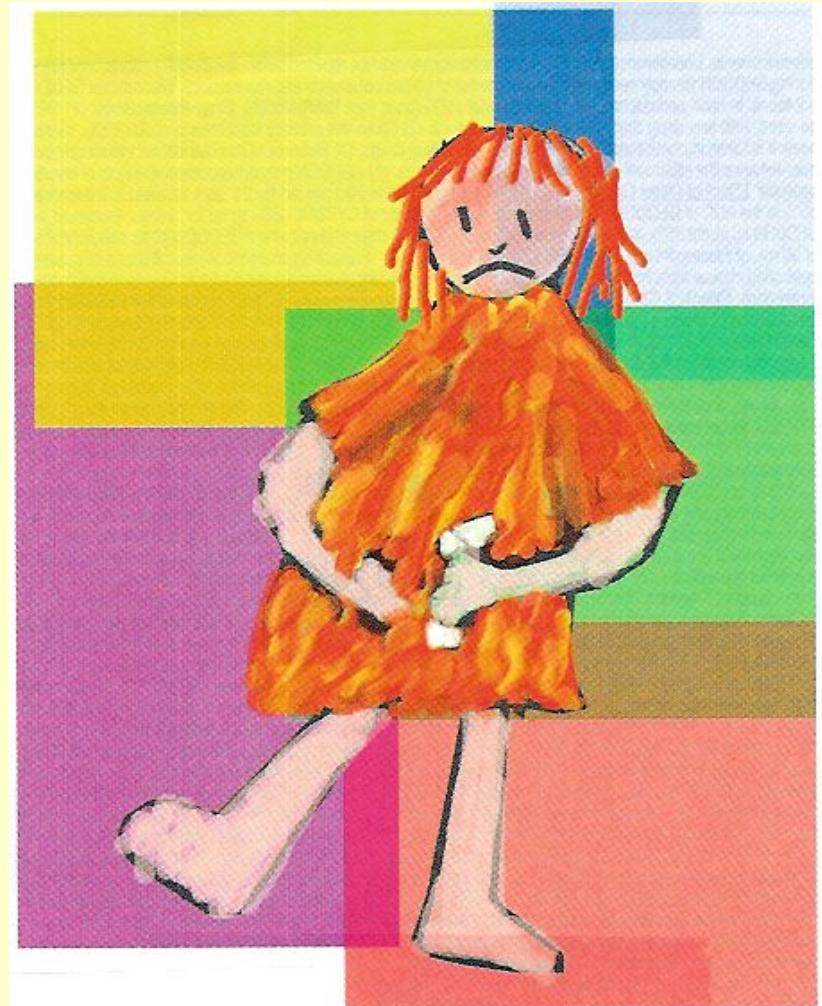


Evaluation and Formulation in Adolescent Psychiatry

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The Age of DSM and EBM

- Will patients be seen as abstractions?
- Will therapists become technicians?



“The Children Haven’t Read Those Books”

Kanner, Acta Paedopsychiat.,
1969

Eliciting Data

- Observation
- Interviews
- Standardized assessment tools
- Relationship



“Objective” data about the patient

- Laboratory data
- Questionnaires, rating scales
- Standardized testing
- Collateral data



Subjective Data

- Interactional data
- Empathic appreciation of the patient's situation
- Observations about the patient in a relationship
- Retrospective observations by the clinician about what happened in the relationship with the patient

Relational Perspective

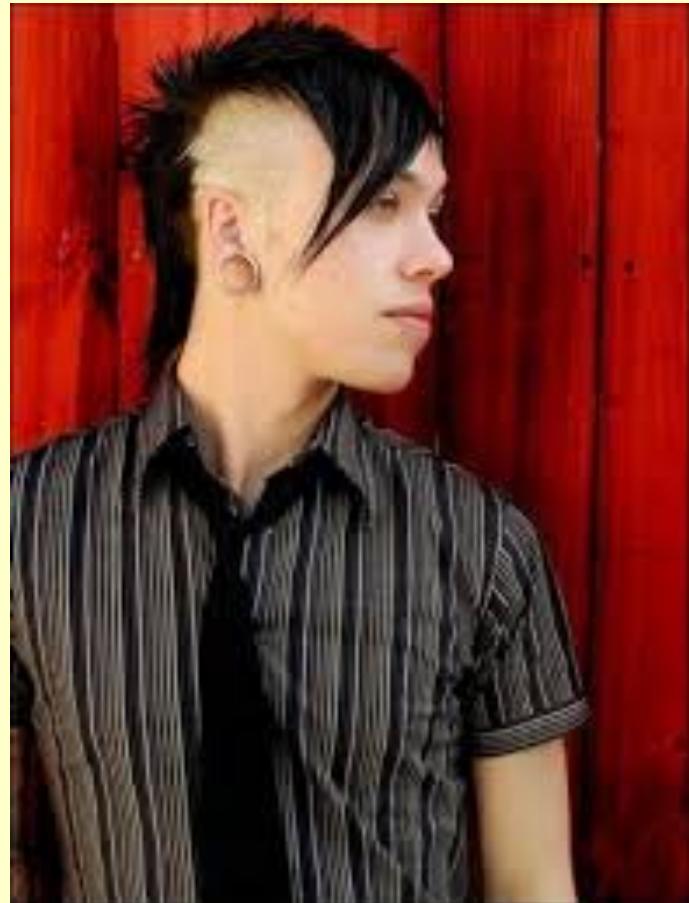
- Therapist in a real relationship with the patient
- “Intersubjective clinical fact” created between the therapist and the patient (Ogden, [1994](#)).
- Observations within a relationship can elicit the meaning to the patient of behavior and ideation, information that is not evident looking at the patient from a distance.

Clinical Binocularity

- What the patient knows and feels
- Possibilities and processes (genetic, physiological, or psychological) beyond the patient's view
 - Harper et al., 2013

Formulation – a way of understanding

What is unique
about a patient
What the patient has
in common with
other patients

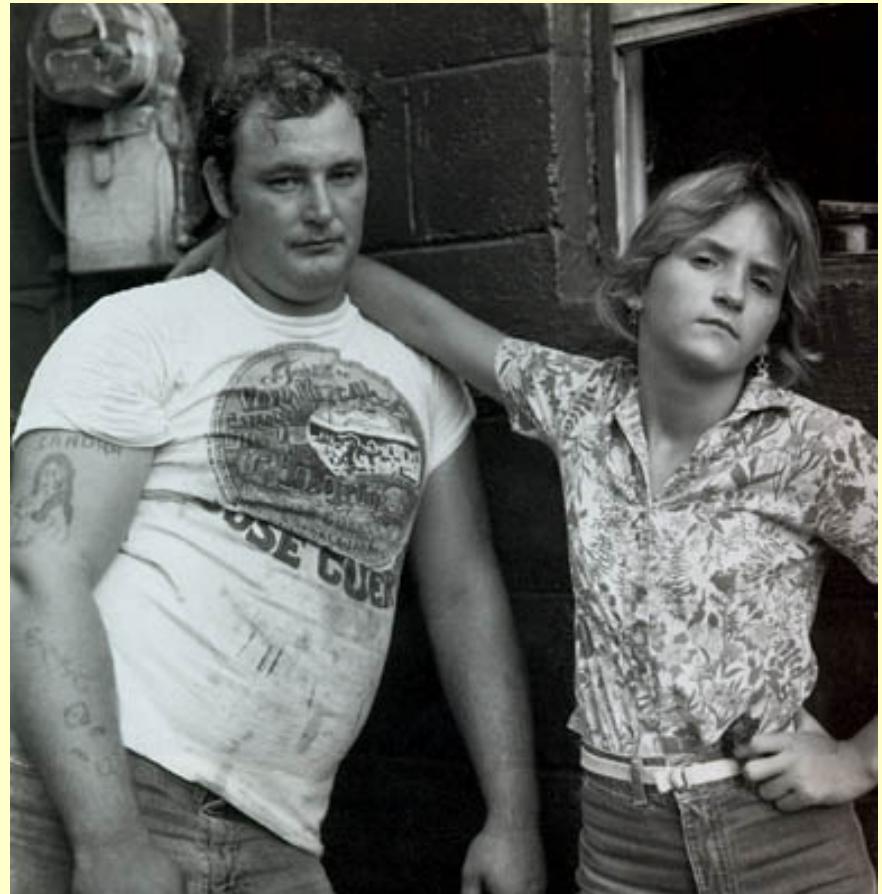


Definition of Formulation

- The case formulation is a concise summary that synthesizes salient features of a particular patient's history and presentation in a way that suggests what treatment approaches are likely to be effective.

Formulation - the Key to Treatment

- A working hypothesis
- Varies according to purpose
- Changes over time
- Incorporates new information
- Fits data



Formulation

- Synthesis
- Reflects conceptualization of how components are related to each other
- Cannot be atheoretical
- Developmental perspective



Formulation explains

- *While diagnoses are descriptive generalizations, formulations are efforts at partial explanatory models. They inform us about how and why an individual repeats a maladaptive pattern.*
 - Horowitz, Eells, Singer, Salovey, Arch Gen Psychiatry. 1995;52:625-632

Types of formulation

- Biomedical
 - Short
 - Long
 - Medium
- Psychodynamic
- Biopsychosocial
 - Descriptive
 - Explanatory

Example #1: Descriptive Formulation

- The patient is a 22 year old man with 6 hospitalizations in the past 4 years for psychotic decompensation. His clinical presentation is consistent with schizophrenic disorder. He tends to become suicidal when he decompensates and has made 2 serious attempts. His condition is complicated by substance abuse, mainly alcohol and marijuana. He lives with his parents who are supportive but have a limited understanding long term nature of his illness and may be “enabling” of his alcoholism. He completed high school but has never held a job for more than a few months.

Case #2 – An Evolving Formulation



Case example #2 – initial formulation

- 16 year old Hispanic female with a history of severe physical and sexual abuse, multiple suicide attempts and hospitalizations, no consistent treatment.
- Symptoms of depression, PTSD, hearing a voice, sees self as “whacko”
- Mistrustful and suspicious, lacks hope
- Abuser no longer in home, but family scapegoating her

Initial treatment plan

- Further clarification of diagnosis, esp. psychotic symptoms
- Understanding of strengths
- Fostering of sense of hope
- Placement

Evolves
and
changes
during
treatment



Formulation as Hypothesis

- Treatment confirms validity of formulation
 - New observations → revised formulation
 - New formulation → revised treatment

Subsequent formulation

- Adolescent with severe impairment in multiple domains; history of extreme trauma has significantly interfered with her negotiation of all of the developmental tasks of adolescence.
- “voices” most likely aspects of dissociation
- Intelligent and able to focus on school with help

Later plan

Problem	Goal of treatment	Intervention
Affective instability	Coping with painful affects	Trauma-focused therapy, mood stabilizer, antidepressant
Negative thinking	Hopefulness about the future	Cognitive techniques
Victim identity	Sense of self as a survivor, strong	Reframing

Developmental issues

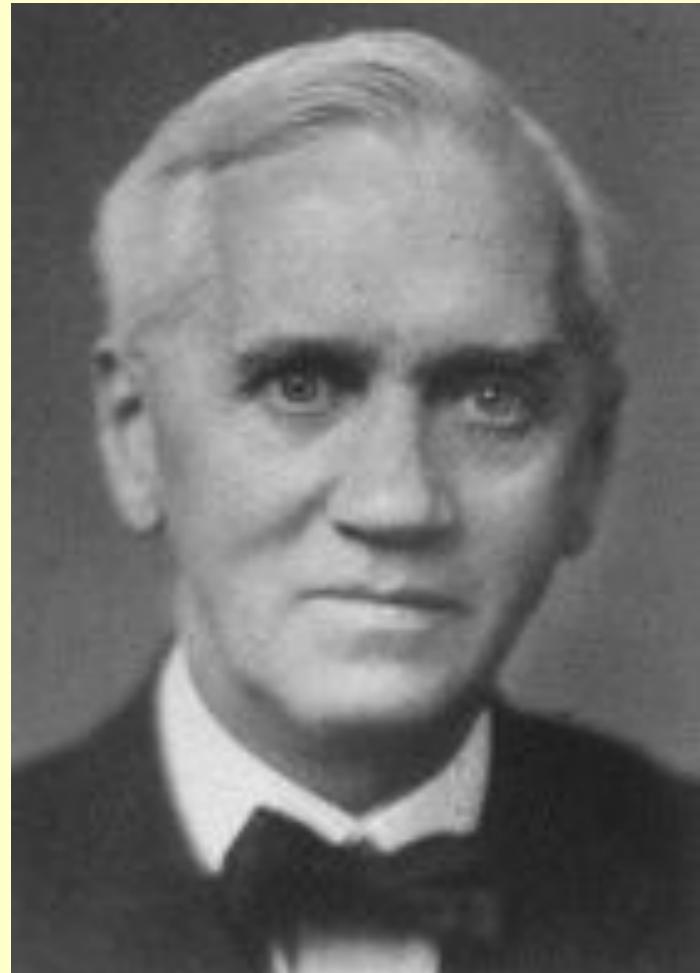
- Emancipation from family
- Completion of high school
- Elaboration of vocational goals
- Identity consolidation
- Intimacy

Summary

- Evaluation involves both objective and subjective data
- Data from relationship is important
- Formulation is a synthesis of data to create a hypothesis to guide treatment
- Formulation should evolve as new data emerge

“. . . penicillin started
as a chance
observation. My only
merit is that I did not
neglect the
observation . . .”

A. Fleming, Nobel
Speech, 1945



REFERENCES

- Erikson EH (1964) The nature of clinical evidence. In Erikson EH (Ed), *Insight and responsibility*. New York: Norton. 47–80.
- Erikson EH (1987) In Schlein S. (Ed), *Selected Papers from 1930 to 1980*. New York: Norton.
- Mitchell SA (1988) Relational concepts in psychoanalysis: An integration. Cambridge, MA: Harvard University Press.
- Mitchell SA, Aron L (1999) Relational psychoanalysis: The emergence of a tradition. Hillsdale, NJ: The Analytic Press.
- Ogden TH (1994) The analytic third: Working with intersubjective clinical facts. *Int J Psychoanal.* 75: 3–19.
- Schwaber EA (1995) The psychoanalyst's mind: From listening to interpretation—A clinical report. *Int J Psychoanal.* 76 (pt 2): 271–281.
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