

APPROACHES TO FORMULATION

Theoretical approaches to formulation

Theoretical approaches to formulation are those which are based on specific psychological theories relating to how the mind works. Examples of models upon which theoretical approaches to formulation might be based include:

- cognitive behavioural theory
- schema theory
- acceptance and commitment theory
- systems theory
- psychodynamic theory
- humanistic / strengths-based theory
- cross-cultural theory.

One of the benefits of theoretical approaches to formulation, is that they provide very clear guidance on why particular symptoms might be appearing for a person, and what should be done to resolve these. For example, cognitive behavioural theory suggests that symptoms often occur due to negative self-talk and engaging in behaviours that reinforce this negative self-talk. Knowing this theoretical assertion helps clinicians ask questions that assist in the formulation (e.g., ‘what kind of thoughts are going through your head when you are feeling [emotion]?’), and provides clues about how to resolve the symptoms (e.g., cognitive challenging).

However, the highly specific nature of some theoretical approaches can make them less relevant to some forms of mental illness, and inaccessible to clinicians from different disciplines or different schools of thought. Theoretically driven formulations can also be inaccessible to consumers and their significant others when they are poorly explained or overuse jargon; however, this is a risk for all formulations to some extent. as the 5Ps) are also often more easily understood by consumers and their significant others.

Atheoretical approaches to formulation

Atheoretical approaches to formulation are those that have a systematic structure, but that are not based on a specific theory of mental health. These approaches help clinicians order their thoughts and make links between important aspects of a consumer’s presentation. However, they don’t provide guidance on possible causal factors (instead, clinicians have to rely on their other training for this). A commonly used atheoretical approach to formulation is the 5P approach. The components of the 5P approach are referenced throughout much of the documentation within CIMHA (the Consumer Integrated Mental Health and Addictions).

One advantage of atheoretical approaches to formulation is that they are accessible to a much wider range of clinicians. Because atheoretical approaches are not based on specialised models of mental health, they are much easier for clinicians from a broad range of clinical backgrounds to utilise and understand. Atheoretical approaches to formulation (such as the 5Ps) are also often more easily understood by consumers and their significant others.

One of the disadvantages of atheoretical approaches to formulation is that, given that they are not based on specific theories, they do not provide clear directions about (i) proposed causal factors, or (ii) strategies for intervention that are appropriate for the challenges that a consumer presents with. For this reason, clinicians have to rely more heavily on their previous training when utilising atheoretical approaches to formulation. Clinicians may also draw on theoretical conceptualisations (e.g., cognitive behavioural theory) to add depth to an atheoretical approach to formulation.

Irrespective of the approach to formulation a clinician may adopt; all formulations should be: (i) comprehensive; (ii) trauma informed; (iii) concise; (iv) person centered; (v) evolving; and (vi) flexible.

