

1. Presenting problems

In this section, you should identify aspects of a person's presentation (i.e., behaviours or phenomena) that the remainder of your formulation is trying to explain. These should be **specific, concrete** and **observable**. Presenting problems are frequently the chief complaints of either the person or their significant others, which have led to their entry into a service.

The first step to writing a good formulation is defining exactly what the problem is that you're trying to understand. For this reason, it is important to try to keep this section very specific and focussed (as opposed to being over-inclusive here). Including too many problems in this section (especially when they are more appropriately placed in other parts of the formulation) leads to clinicians becoming confused about the relationships between the different features of the consumer's case. As such, before writing a piece of information in the presenting problem section, it is useful to ask yourself 'is what I'm about to write something that I'm trying to understand, or does it help explain what I am trying to understand?' If it is the latter, then that piece of information belongs elsewhere in the formulation.

When working with consumers who have multiple simultaneous problems, it can be useful to write a discrete formulation for each presenting problem (as opposed to writing one formulation that aims to explain all the presenting problems at the same time). When taken together, the discrete formulations can explain all of the consumer's case. This approach can help clinicians strike a balance between thoroughness and specificity in cases that are particularly complex.

An example of a presenting problem is 'symptoms of anxiety: extreme subjective distress, freeze response, attempts to escape situation'.

2. Predisposing factors

In this section, you should identify features of a person's history that make them more vulnerable to developing the presenting problems. Importantly, these are not factors that cause the presenting problems. Rather, they are factors that increase the likelihood of developing the presenting problem.

An example of a predisposing factor is 'modelling of anxiety-based responding by parents'.

3. Precipitating factors

In this section, you should identify triggers that have played a causal role in the onset of the person's presenting problem. There are a few ways to approach precipitating factors: (a) it may be useful to list the factors that triggered the first ever episode of the consumer's presenting problem (these are called distal precipitants), and/or (b) it may be useful to list factors which tend to trigger the onset of presenting problems in an ongoing way (these are called proximal precipitants).

Generally proximal precipitants will be relevant to most consumers; however distal precipitants may be less relevant (and less available) for some consumers, depending on the nature of their presentation.

Assuming the presenting problem is 'severe anxiety about being bitten by a dog', examples of precipitating factors are as follows:

- distal precipitant: being attacked by a dog at a park several years ago
- proximal precipitant: hearing a dog bark while outside.

4. Perpetuating factors

In this section, you should identify features of a person's life that (due to either their presence or absence) reinforce the presenting problems, or that prevent them from resolving independently. All consumers with ongoing difficulties experience some kind of self-reinforcing cycle. If it were not self-reinforcing, then the consumer's difficulties would have reached a resolution. This section of the formulation aims to identify what causes the cycle of the consumer's difficulties to continue.

Within this section, it is important to identify both:

- specific features of the person's life that reinforce presenting problems (e.g., 'anxiety-based thinking', 'behavioural avoidance'), and
- how previously identified aspects of the formulation interact to reinforce the presenting problem (e.g., 'Sally's avoidance reinforces her anxiety-based thinking which, in turn, motivates further avoidance; thus perpetuating her fear of dogs more broadly.').

This section is especially important because perpetuating factors are typically those that represent the first targets when care planning.

5. Protective factors

In this section, you should identify factors which help to reduce the severity of the person's difficulties, or prevent them from becoming worse. Protective factors are important to formulation from both a practical and philosophical standpoint.

Practically, understanding a consumer's current and potential protective factors can help clinicians identify useful starting points for treatment and pre-existing resources which can be enhanced with minimal expenditure of time and effort.

Protective factors are important philosophically because, as a clinician, it is very easy to become focussed on what is 'wrong' with a consumer. This viewpoint runs the risk of viewing the consumer as a 'problem' instead of a whole person. Such a viewpoint will inevitably lead to a narrow formulation of the consumer which is incomplete and unhelpful for their recovery.

The most impactful protective factors are those that are self-sustaining and self-motivated for the person. If protective factors (i) help to reduce negative outcomes of mental health problems, (ii) are consistently valued by / meaningful to the consumer, (iii) are consistently available, and (iv) are consistently accessible; then they are much more likely to be self-sustaining and self-motivated. If protective factors are missing one (or more) of the above elements, then they are likely to be less effective. Sometimes a focus of intervention may involve enhancing one or more of the above elements (e.g., enhancing the degree to which a consumer sees value in a family member who wants to help them).

Examples of protective factors include:

- motivation to be free of symptoms
- supportive family.