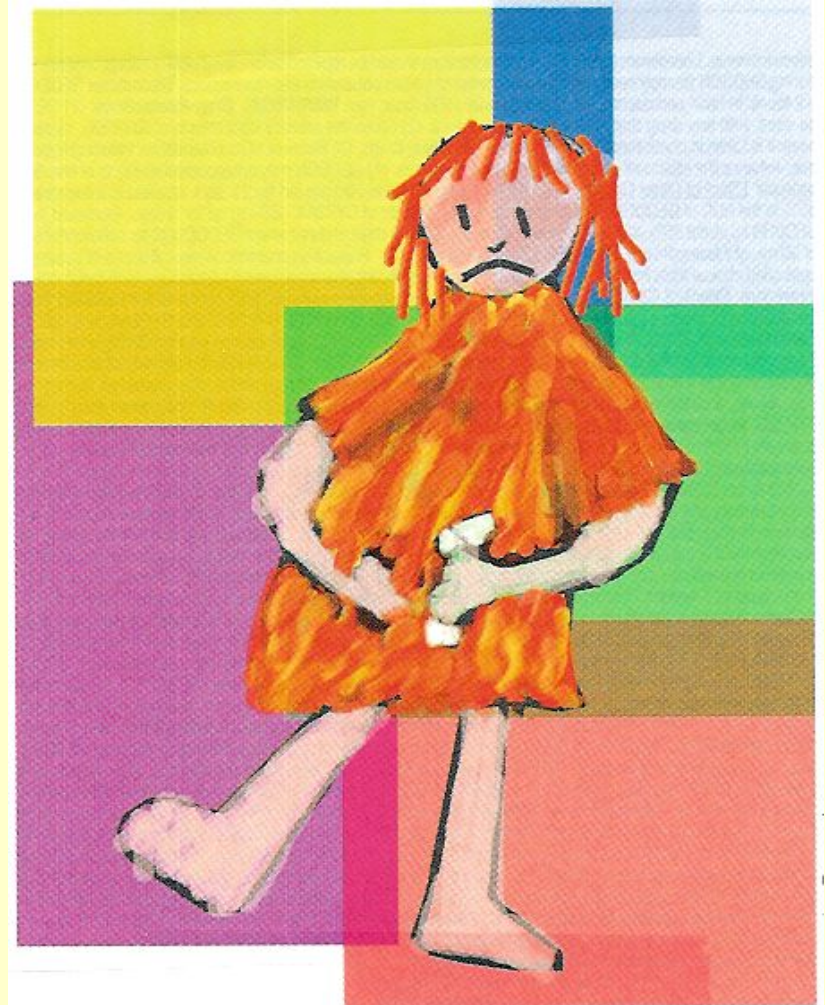


# Evaluation and Formulation in Adolescent Psychiatry

Lois T. Flaherty, M. D.  
Cambridge, Massachusetts

# 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

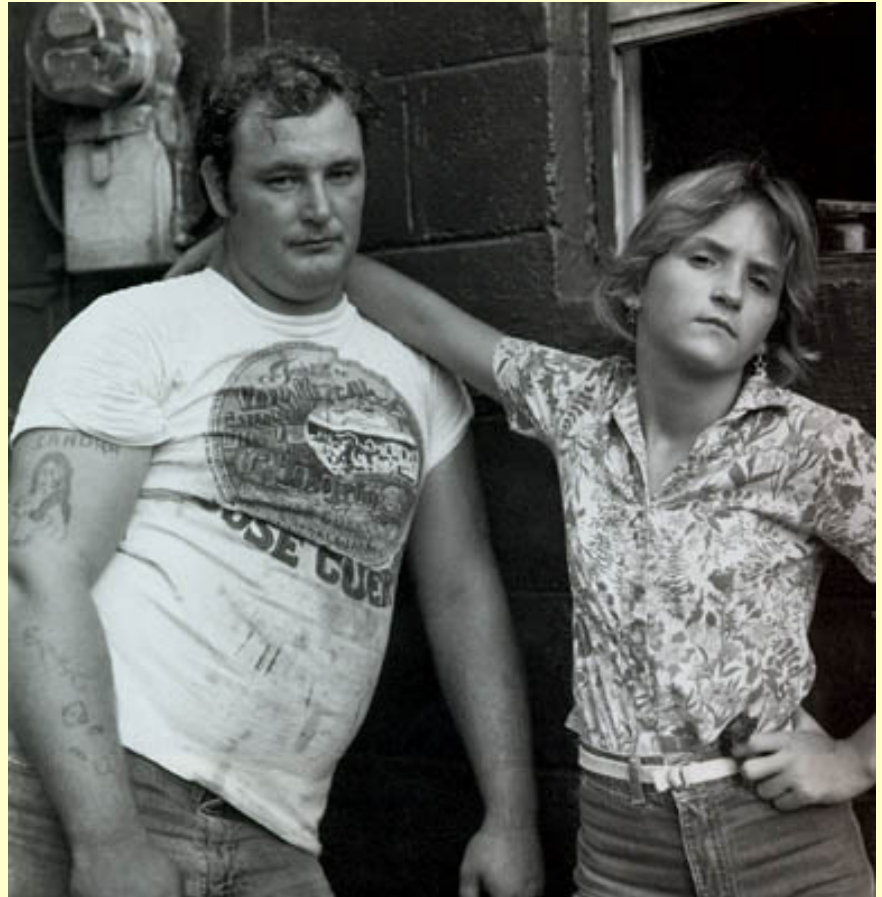


# Definition of Formulation

- 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
  - Descriptive
  - Explanatory
- Biopsychosocial

# 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

<b>Problem</b>	<b>Goal of treatment</b>	<b>Intervention</b>
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

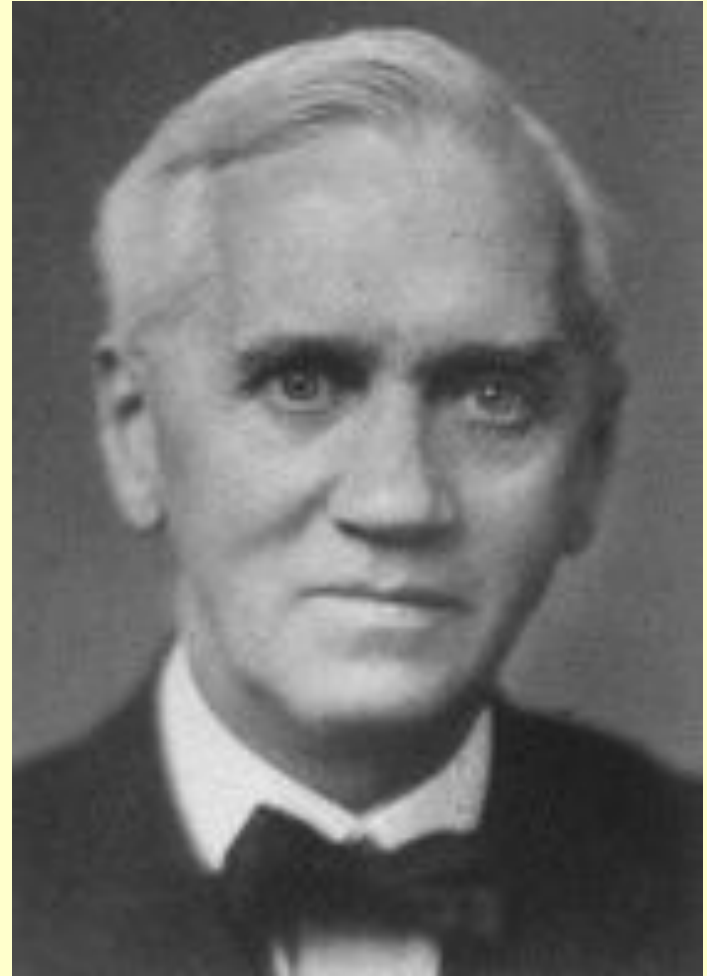
# Summary

- 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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