

The Psychiatric Formulation - If you don't know why then you don't know how!

Your capacity to be meaningfully helpful as a mental health Clinician in large measure will be determined by how well you are able to conceptualize the etiologic factors that have interacted to result in the symptomatic expression of psychiatric disorders that are impacting your patient.. Although DSM 5 Diagnosis can help provide a context for how symptom expression can be defined for communication, insurance reimbursement, and medical / legal purposes - that DSM 5 Diagnosis has major limitations in how useful it is in directing individualized treatment for each unique person who has the Diagnosis. The psychiatric formulation is the humanizing bridge between the diagnosis and the person with the diagnosis. In fact it is the that formulation that should serve as the primary tool for explaining to parents and patients the nature of the problem (Diagnosis) and how it developed. The formulation is essentially a working hypothetical framework that allows for testable hypotheses so that treatment efforts can be meaningfully evaluated and adjusted. Although some attention has been given to case formulation historically (i.e. Biopsychosocial, Psychodynamic, Developmental etc.) it has begun to lose some of its apparent relevance in the training of professionals as DSM 5 has become the indispensable "bible" of reimbursement, research, and professional communication. The most effective formulation for meaningful clinical work is the Illness Narrative Formulation as described by

The Illness Narrative Formulation is grounded in the belief that each person who has a mental health problem has developed that problem within a unique meaningful story that is the essential paradigm that must be addressed for treatment to be effective. The clinical elucidation and the subsequent explication of the Narrative must be done empathically, and that process will quite naturally lead to a constructive therapeutic relationship. The essential ingredients in the Illness Narrative are the following:

1. The temperament of patient
2. The behavior pattern that stems from the temperament
3. The adaptive behaviors that tended to develop in relation to the holding environment
4. The conditions that precipitated the onset of the problem for the present illness episode
5. The adaptive attempts by the patient to resolve the problem
6. The response of the environment to the patient problem and the environment's response to the patient's attempts to resolve his or her problem
7. The manner in which the DSM 5 diagnosis is imbedded within the above factors
8. The strategic interventions that will be needed to address the predisposing, precipitating, and propagating factors that have created and maintain the illness narrative
9. The specific effect that each specific medication considered will have on the factors noted in #8
10. A working hypothesis for a timeline of how the illness narrative will be influenced by the strategic interventions being considered

Example:

William is a 15 year old white teenage boy with a history of extreme emotional outbursts that have included physical altercations between he and his father and he and his older brother he. He presented at the center with increasing depression anxiety and angry outbursts that had led to significant property destruction the house hold of the family and increasing difficulty being able to function in the school setting.