

The Integration of a Model of the Mind for Formulation

The ability to develop meaningful formulations and useful treatment plans for patients is profoundly affected by the individual clinician's understanding of how the Mind develops and is organized. The biologic model sees the Mind as primarily influenced by the biochemical reactions and electrical circuitry that have strong constitutional and some psychosocial developmental determinants. The psychodynamic model sees the Mind as a result of inevitable tension between primitive impulses and passions and the need to function as part of a family and society. The cognitive / behavioral model sees the Mind as a product of attempts at adaptive learning that results in beliefs and attitudes that lead to patterns of behavior. Although each of these models of the Mind is useful and can meaningfully inform clinical decision making they do not provide the clinician with an organic, layered template that sufficiently captures the complexity of the human condition and the problems that our patients face. I believe that the Computer Model overlaid by the Illness Narrative Model offers the clinician a more accurate reflection of the mind and by employing these interacting models the clinician is more likely to develop useful formulations and treatment plans that are more readily comprehended by patients and parents.

The Mind is best viewed by the clinician as consisting of Hardware (The Brain), an Operating System (The initial software program of the first 2 - 3 years of life that will forever influence how well future software programs will run), and Software Programs (The family, society and subcultural values and expectations that the operating system must engage and manage.). The major advantage of this model is that the vast majority of patients and families can easily appreciate its meaning and there is an intuitive resonance that is facilitated that can foster the therapeutic relationship and acceptance of a meaningful Treatment Plan. Layered over this model is the Illness Narrative Model of Formulation. By combining the two models, the Clinician has a relatively straightforward layered template for addressing the person and the "disease" that is more likely to lead to a compelling case formulation. It also helps to prevent the overly simplified one dimensional approach that can easily result in formulaic understanding that is disrespectful to the complexity and humanity of the patient seeking treatment.

The Brain is a sensitive, robust organ that is profoundly underdeveloped at birth and requires adequate stimulation and nurturance to achieve its necessary growth and development. This is particularly true during the first 2 years of life when brain growth is so dramatic. It is useful to think of the early Brain's primary responsibilities as seeking a balance between stimulation and rest / recovery as it attempts to negotiate the earliest feelings and thoughts. There are constitutional differences in the degree of sensitivity, the need for stimulation, and the need for rest that requires that parents and caretakers provide empathically based care. It is the unique "hardware profiles" that inform the earliest experiences in life that then build the Operating System as the feelings and thoughts begin to organize into a template. The "hardware" of the brain refers to the constitutional temperament and basic cognitive capacities that are the starting point at birth for the newborn to engage the outside world. The interaction of that "hardware" with the holding environment of the first 2 to 3 years of life causes an "operating system" to develop that then must manage the subsequent demands of the outside world that are the equivalent of "software programs". Temperamental regulatory

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problems that can not be responded to with “good enough” parenting results in operating systems that easily crash with software programs that are typically smoothly engaged.

Software programs are the familial, subcultural, and community expectations that are the marinating forces that shape the developing child. Children need to be able to manage subtle and not so subtle discrepancies between the sometimes competing forces that vie for dominance. The psychiatric professional needs to be prepared to identify those competing forces in order to see how the child is coping and how that coping strategy is responded to by the competing influences.

The mental health professional who is faced with diagnosing pathology must be able to distinguish subtle but enduring maladaptations that can evolve over time from constitutionally determined classic Psychiatric Syndromes that can arise at critical developmental stages. The Computer Mind Model facilitates this process. It is also necessary to have a template for appreciating how adaptive responses can become maladaptive over time. The Illness Narrative Model as explicated by Mace & Binyon (*Advances in Psychiatric Treatment* 2005, 11 : 416 - 423 & 2006 12 : 92 - 99) is particularly useful in that regard. That Model is grounded in Psychodynamic Developmental Theory and it helps to identify how to practice integrating the influences on growth and development into a coherent story that explains individualized, empathically grounded etiologic symptoms / syndrome expression.

The skill of a mental health practitioner is in large measure determined by how effectively the practitioner can integrate relevant data during the evaluation process and then develop a meaningful formulation and strategic treatment plan. The Clinician must then be able to capture the imagination of the Patient so that engagement in the treatment process can be facilitated. That process requires that the Clinician be conversant with developmental theories and psychopathology while conveying an unwavering commitment to understand the intimate experience of the patient. It is only by practicing the integration of these data bases in all patient contacts that the practitioner can develop exceptional skills. By employing the Computer Mind Model and the Illness Narrative Model Clinicians are much more likely to develop the integrative capacities that will facilitate the critical work of our chosen profession.