Case Formulation

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I have just (a few days ago) completed today's permission (or was it an instruction?) from my great grandmother through transgenerational scripting that you "learn something new every day". Today's learning has been that we in TA have been doing something called case formulation without always naming it as that.

My learning was prompted by an article by Corrie and Kovacs (2019) writing about the functions of formulation in coaching psychology. They described formulation as an emerging consideration within the field of coaching, and wrote about how they have seen that coaches need the skill of formulation when they bring into supervision cases in which they are 'stuck'. This intrigued me, especially when they referred to a PPP model – not the well-known TA 3P model of permission, protection (Crossman, 1966) and potency (Steiner, 1968) – but Purpose, Perspective and Process (Corrie and Lane, 2010; Lane and Corrie, 2009) - which seem to me to be more about contracting and intervention planning than about hypothesising as we analyse the client..

I looked further and discovered the 2nd edition of *Formulation in Psychology and Psychotherapy* by Johnstone and Dallos (2014, in which they write that "Formulation draws upon psychological theory in order to create a working hypothesis or 'best guess' about the reasons for a client's difficulties, in the light of their relationships and social contexts and the sense they have made of the events in their lives. Formulations are co-constructed with clients, and their main purpose is to inform the intervention." (p.xx). As I read that, I thought that sounds like what we do in TA when we analyse and contract – or as I wrote about with colleagues (Guven, Hay, Kidd, Salem and Westley, 2011) when we extended Ian Stewart's (1989) flowchart to maintain the bidirectional flow and added in the context and the relationship, as shown in Figure 1.

The Johnstone and Dallos book had much relevant material and contains chapters on case formulation for various approaches, including psychodynamic, cognitive-behavioural, systemic and integrative, but not TA. I therefore looked in the *Transactional Analysis Journal* and searched for 'formulation', which generated 377 articles. However, only three had 'formulation' in the title and, of these, one used the word in the general sense and was about ego state models (Cox, 1999), and in another the word appeared in the title only (van Beekum, 2015). The other article, by Salole (2001) was indeed about case formulation; he repeated a previous research study by a non-TA author who had compared case formulations prepared by different clinicians using the Patient's Plan Diagnosis method (Weiss, 1993). Salole repeated this using a TA approach, albeit with a heavy focus on the TA redecision school, and demonstrated that eight TA clinicians produced statistically correlated formulations.

I looked at some of the articles with the word formulation in the text but mostly it was used in a general sense of the word or referred to how we 'formulate' TA concepts. An exception I noticed was Novellino (1984), who proposed a scientific approach of collection of data, formulation of hypotheses, verification of the hypotheses, intervention and feedback.

I then did the same search in the *International Journal of Transactional Analysis Research & Practice* and found there numerous studies which included case formulations. These were HCSED (Hermeneutic Single-Case Efficacy Design), such as by Widdowson, whose studies spanned 2012-2014, and Benelli and co-authors spanning 2015-2018 (I will not list the references for all of these as IJTARP is an open access journal which you can easily access and search for the author names). As the Editor of that journal, I probably should have noticed the use of the term but had not registered its significance (and in case you repeat the search, in Ohlsson (2010) the word appears but only in the title of a reference given).

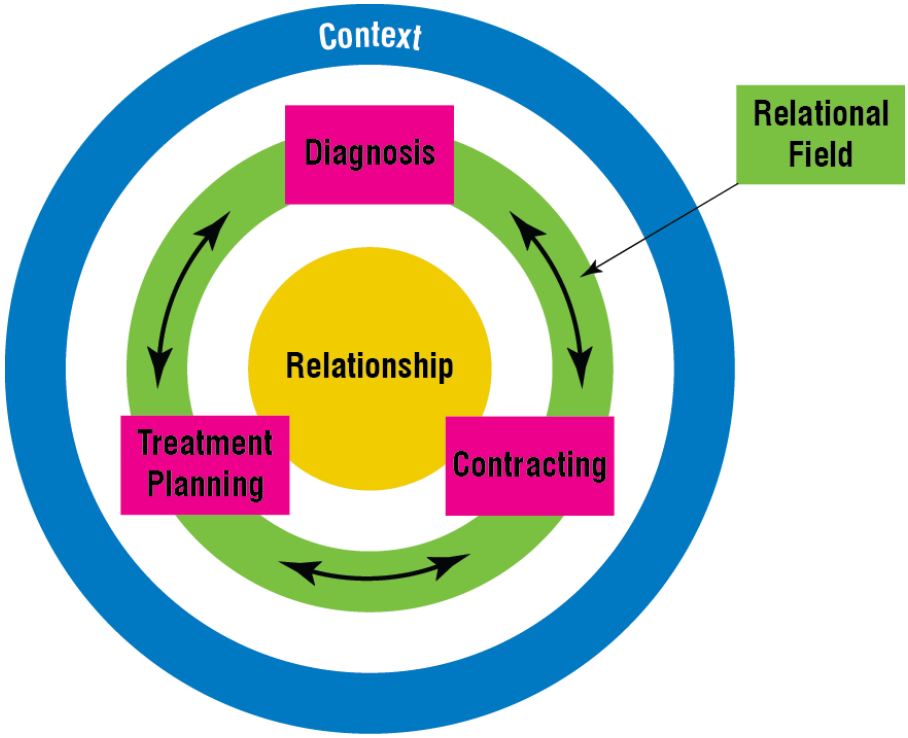

Figure 1: Diagnosis, Contracting and Treatment Planning – a visual representation (Guven et al, 2011, p.8)

So, I went back to the non-TA publications and consider how what was written there might be relevant to TA. Johnstone and Dallos pointed out that many definitions of the term pre-suppose it to be an event rather than a "recursive process of suggestion, discussion, reflection, feedback and revision that is part of the moment-to-moment process of therapy [that]may be the more common clinical reality." (p.4). For me, this description aligns well to how cases in TA can be regarded as critical ethnographic researches – we hypothesise, act and observe, amend our hypothesis, act and observe, and so on.

Johnstone and Dallos also pointed out that most definitions incorporate the viewpoint and role of the client, stressing that the formulation should be "a *shared* production that is based on *personal meaning*." (p.5) (italics in original), before themselves quoting the Division of Clinical Psychology (2011) definition which also refers to the formulation being constructed collaboratively. This sounds like constructivist (Allen and Allen, 1997) and cocreative (Summers and Tudor, 2000) TA. It also aligns well with the TA emphasis on contracting being done with the client and not to the client or on the client. Indirect support for this is provided by a meta-analysis by Bisra, Liu, Nesbitt, Salimi and Winne (2018) of 64 studies involving almost 6000 participants, which found that self-explanation is a powerful learning technique. Although the work was about how students learn, as opposed to being torqued through instructor explanation, it is suggested that the benefit may be largely due to engaging in the "unique process of generating an explanation oneself… allowing them to identify and address gaps in their understanding" (Jarrett, 2019, online) (underlining added). It was also necessary that the individual was making connections with new learning, which for TA means that they are relating TA concepts to their existing self-awareness.

This prompted me to update the diagram shown as Figure 1, which now becomes Figure

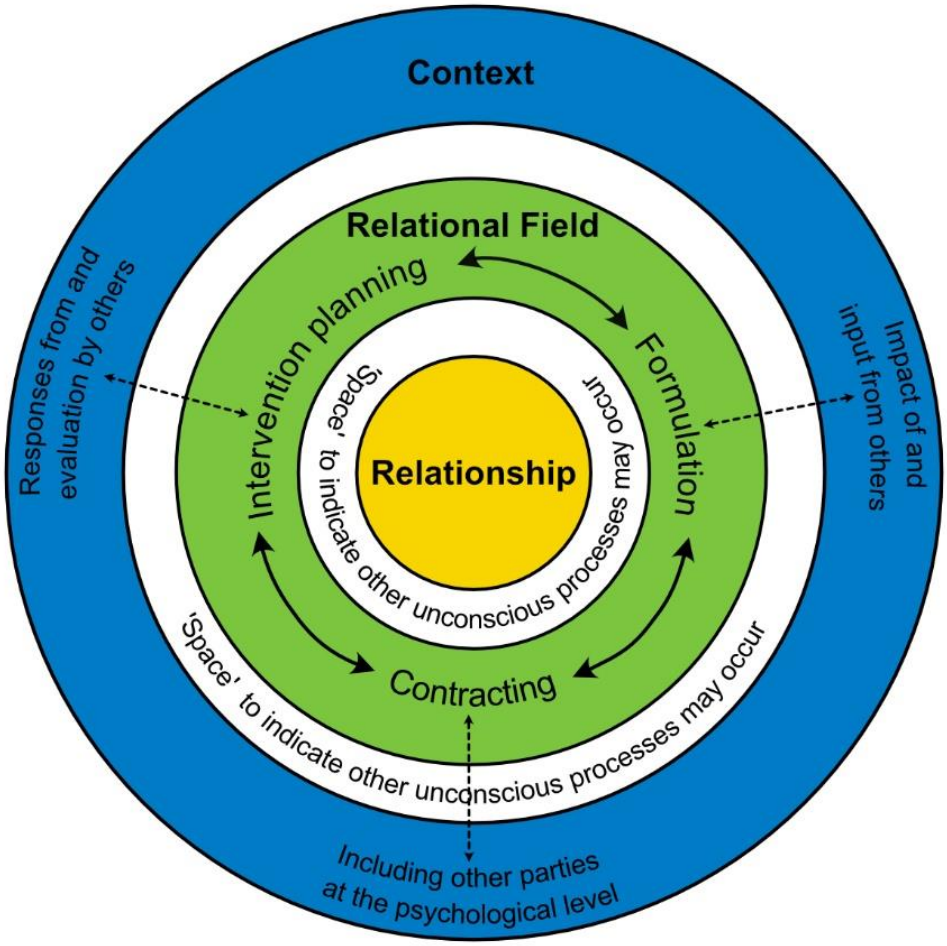

Figure 2: Formulation, Contracting, Intervention Planning

2. As shown in Figure 1, Guven et al maintained the ongoing cyclical of Stewart's flowchart with loops back but felt that more was needed, and that what emerges at any point may lead to movement in either direction.. They modified Stewart's labels slightly (treatment direction became treatment planning) and added an outer circle to represent the context within which the practitioner and client are working, and the inner circle to represent the relationship between them. They pointed out that the inner circle is impinged upon by the activities of diagnosis, contracting and treatment planning but these three are inside the context. This outer circle can be likened to the frame (Goffman 1974) which may be implicit but still impacts significantly on the process.

Finally, the middle circle represents the relational field through which client and therapist interact, and which mediates between the relationship and the context as the process moves to and fro between diagnosis, contracting and treatment planning. It is deliberate that there is white space between relationship and relational field and between relational field and context – each can 'free wheel' but who really knows what goes on there!

In Figure 2, this might now be labelled Formulation instead of Diagnosis, and Intervention Planning instead of Treatment Planning. Contracting will of course stay the same term. Additional arrows can be added between Formulation, Contracting and

Intervention Planning to show how each interacts with Context. For any professional activity with a client who is within an organisational context, for instance, the contract is likely to become multi-party so that stakeholders within the context must be included. This in turn has a significant influence on the Intervention Planning, in that clear boundaries around confidentiality are likely to be needed between the work being done with the client and the stakeholders within the Context; it may be necessary to point out that those stakeholders will be able to observe the results in the ways in which the client will exhibit changed behaviour, and that the client may choose to volunteer information, but that those stakeholders will not be briefed directly by the practitioner.

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