clinical risk assessment and management

the critical role of formulation

caroline logan & mike doyle
the role of formulation in assessing and managing harmful men and women is finally being realised

but what do we mean by formulation?
and where is the evidence that it makes any difference at all ...?
• background
• why formulation is under scrutiny
• what do we mean by formulation?
• where does it fit in – to the management of harmful people?
• does formulation make any difference?
Royal College of Psychiatrists (1996)
Assessment and Clinical Management of Risk of Harm to Other People, Council Report CR53

“a formulation should be made based on risk factors and all other items of history and mental state”

“the formulation should, so far as possible, specify factors likely to increase the risk of dangerous behaviour and those likely to decrease it”
case formulation

background

• roots in “application of psychological science to clinical problems” (Tarrier & Calam, 2002)

• applies theory to make *explanatory inferences* about causes and maintaining factors that can inform interventions.
  — formulation explicitly & centrally *informs intervention*

• behaviour analysis vs diagnosis – focus on understanding and explanation

• empirical and scientific theme - link observations with theory, framework for intervention and monitoring of change
Doyle and Dolan (2002)

“...research on the value of risk analysis and formulation remains limited..... BUT evidence to suggest that formulations can improve understanding of individual problems and risk behaviour”

“risk formulations may provide a crucial link between assessment and management....... future research aimed at evaluating structured clinical judgement and risk formulation is required”
under scrutiny

FORMULATION
formulation underpins clinical practice

personality disordered clients

risk assessment and management
what do we mean?

FORMULATION
organisational framework for producing (generally) a narrative that explains the underlying mechanism of the presenting problem and proposes hypotheses regarding action to facilitate change
the purpose of case formulation

- organise
- mutual understanding
- connections
- intervention
- communication
case formulation vs problem formulation

risk formulation

a kind of problem formulation
clinical risk assessment
the last 20 years

unstructured risk assessment

actuarial assessment

structured professional judgement

formulae

formulation
risk assessment is an estimation of an individual’s risk potential based on our understanding of the balance between certain conditions that we assume to be risk factors and certain other conditions that we assume to be protective factors, all of which have relevance to the harm potential of the client in question
risk management is the operationalisation of hypotheses derived from the risk formulation, the purpose of which is to prevent or limit potentially harmful outcomes, achieved by a combination of *treatment*, *supervision* and *monitoring*, and if relevant, *victim safety-planning*
SPJ in a nutshell

Structured professional judgement

Risk of what?

Tools mainly help HERE

Risk

Relevant factors

FORMULATION

Risk management

Protective

Feedback ensures dynamic process

Treatment

Monitoring

Supervision

Victim safety planning
the formulation should aim to answer the following questions:

- how serious is the risk?
- is the risk specific or general?
- how immediate is the risk?
- how volatile is the risk?
- what specific treatment, and which management plan, can best reduce the risk?
treatment

treatment (or rehabilitation) strategies designed to moderate risk factors or enhance protective factors

interventions intended to repair or restore deficits in adjustment and functioning
supervision

restrictions on activity, movement, association, or communication that are intended to control risk factors – limits on opportunity to be harmful enhancements to lifestyle in the form of structure, boundaries, role expectations intended to enhance protective factors
monitoring

the identification of those early warning signs that are an indication of a relapse to harmful behaviour

any indicators of a change in risk
victim safety plan

guidance to past or future possible victims to help them avoid or to reduce the impact of (re-)victimisation
the purpose of case formulation

- organise
- mutual understanding
- connections
- intervention
- communication
organising information (i)

ABC formulation

behavioural-functional analysis

Haynes & O’Brien, 1990

antecedents
argument with daughter
wife late back from work

behaviour
attack wife with a knife

consequence
arrested
locked up
guilt
anxiety
ABC: cognitive-behavioural analysis
after Chadwick et al. 1997

antecedent
- critical incidents: argument with daughter
- activating events: wife late back from work

beliefs & thoughts
- appraisals of antecedents:
  - my wife is late so she is up to something
  - there is a widespread conspiracy/black mass
  - she is a witch, I am at risk
  - if I don’t do something soon I am doomed

consequences
- physical: tense, nervous, irritable, agitated
- emotional: fearful, angry
- behavioural: confront wife, attack wife with knife
“...specific approaches are used to elucidate interpersonal and unconscious processes, for example attention to transference and counter-transference...” (Summers & Martindale 2013)

“...uses the developmental history and several prototypical situation-thought-emotion-behaviour situations to enable the therapist to infer core beliefs, dysfunctional assumptions, and maladaptive compensatory strategies...” (Kuyken et al. 2005)
organising information (ii)

vulnerability factors

predisposing factors

protection factors

precipitating factors

perpetuating factors

maintenance factors

the 5 Ps of formulation

problem

(Weerasekera, 1996)
or motivators, factors that increase the perceived benefits or rewards of harmful behaviour e.g., profit, honor, release, expression, status

factors that decrease the perceived costs or negative consequences of harmful behaviour e.g., lack of empathy, negative attitudes, lack of insight, lack of guilt or anxiety

factors that disturb a person’s ability to monitor and control their decision-making e.g., impaired reasoning, racing thoughts, impaired problem-solving or reasoning

organising information (iii)
drivers or motivators

• factors that increase the perceived likelihood of gains or benefits of harmful behaviour e.g., the satisfaction of revenge

• what was the client trying to accomplish by being harmful in the past?

• which factors increased the perceives gains or benefits of harmful behaviour?
e.g., perceived rewards of violence

from Douglas et al, 2013
decision theory

why has the client decided to be harmful before? why might he or she do so again?

(a) entertained notion of harm - and not dismissed
(b) positive consequences were identified
(c) negative consequences acceptable
(d) options for being harmful were/are feasible
once organised ...

decision theory

*why* has the client decided to be harmful before? *why* might he or she do so again?

scenario planning

under what circumstances might he or she decide to be harmful again?
SPJ in a nutshell

structured professional judgement

risk of what?

relevant factors

FORMULATION

risk management

risk

treatment

protective

monitoring

supervision

victim safety planning
where does it fit in?

FORMULATION
challenge to demonstrate that the process of formulation improves the quality and efficacy of risk management with harmful clients
if we can identify the common features of formulations, we can create a framework for evaluation that will help us move from the art to the science of formulation (the ‘formulation checklist’)

common features of formulations

narrative

the degree to which the formulation is presented in everyday language that tells a coherent, ordered and meaningful story

common features of formulations

external coherence

the extent to which the formulation is explicitly consistent with an empirically supported psychosocial theory of criminal behaviour

common features of formulations

the extent to which the formulation is based on information about the case that is adequate in terms of quantity and quality

common features of formulations

internal coherence

the extent to which the formulation rests on propositions or makes assumptions that are compatible or non-contradictory

common features of formulations

the extent to which the formulation accounts for a substantial amount of the critical evidence (it has a plot, that ties together the 5Ps/3Ds)

common features of formulations

events relate over time

the extent to which the formulation ties together information about the past, present and future

common features of formulations

simplicity

the extent to which the formulation is free from unnecessary details, propositions and assumptions

common features of formulations

predictive

the degree to which the formulation goes beyond mere description, statement of facts, or classification/diagnosis to make detailed and testable predictions

(re. if we do ..., then ... may happen statements)

common features of formulations

action-oriented

the degree to which the formulation prioritises and plans treatments and interventions

common features of formulations

overall quality

the extent to which the formulation is comprehensive, logical, coherent, focused, and informative

does it really make a difference?

FORMULATION
this much we know

• research in London (Minoudis et al, 2013) with PD offenders has demonstrated that the formulation checklist has
  – internal consistency: ‘excellent’
  – test-retest reliability: ‘excellent’
  – inter-rater reliability: ‘moderate-to-good’

• but non-mental health practitioners are not good at doing formulation – good at using them
this much we have still to learn

• how does formulation-based risk management planning make a difference to (a) the practitioner, and (b) the client?
• can good formulations be derived from the information to hand?
  – can a silk purse always be made from a pigs ear?
• can other professionals be encouraged to prepare good (enough) formulations alone?
application in therapy

• Eells, 2002 - Case formulation “core psychotherapy skill”

“...hypotheses regarding causes, precipitants and maintaining influences of....psychological, interpersonal and behavioural problems”

• ideally – *idiosyncratic*, usable/*concise*, objective
observations in practice...

**ISSUES**
- description v explanation
- ‘stockpiling’ info
- complexity & dogma
- defensive documentation
- revert to ill-defined categories: *low-medium-high*
- parallel process

**GOOD PRACTICE**
- hypothesis for new patients
- clarify rational amongst team
- set realistic expectations
- ‘theory agnostic’
- provide structure
- use examples of good practice
- share with patient
- encourage MDT formulation
CONCLUSIONS
• formulation is a clinically meaningful process
• we think it has the potential to improve our understanding of the risks posed by individual personality disordered offenders – and thereby their management
• there exists at least one framework to test this hypothesis
  – the ‘formulation checklist’ (Hart et al, 2011)
• which performs acceptably (re. Minoudis et al, 2013)
• and could be used, along with other frameworks, to test (demonstrate) the added value of formulation to risk management
Caroline.logan@manchester.ac.uk
michael.doyle@manchester.ac.uk

Thank you