



# Psychogenesis Research Foundation

Presents

Diagnostic Formulation Ideas

# Diagnostic Formulation

- **Patient ID:**
  - Adrijaa is a 30-year-old female who presents to the emergency room with acute suicidal ideation and self-harm
- **History of Presenting Illness:**
  - Adrijaa has been working at a startup company for the past 2 years. She was suddenly fired from her job today due to conflicts at work with co-workers and being late at work several times from sleeping in. After being told she was fired from her job, she went home and self-harmed to cope with the distress of this loss.
  - She also drank 10 beers prior to arriving in the hospital.
  - She subsequently planned to overdose on her medications. A concerned best friend called and talked to her this evening, and brought her to the hospital.
  - Her mood was stable prior to this job loss, and she had no self-harm or suicidal thoughts in the past 1 year.
- **Substance Use History:**
  - Increasing alcohol use for the past 3 months, drinking up to 5 beers per day.
- **Medication History:**
  - Sertraline (Zoloft) 75mg PO daily
- **Past Medical and Psychiatric History:**
  - She has a past history of borderline personality disorder, depression, and alcohol use disorder (moderate). She used to be a soccer player and has a history of multiple concussions.
  - She does have a psychiatrist that she sees every month. She previously completed a course of dialectical behavioural therapy, which was helpful.
- **Family History:**

- Depression and bipolar disorder on maternal side of her family. There is a history of alcohol use disorder on paternal side.
- **Social History:**
  - Born in Delhi. University-educated. There was a parental divorce at age 5. She describes an invalidating childhood, where parents did not acknowledge or praise her. She experienced sexual abuse and trauma at age 12.
  - She is in a 2-year relationship with a male partner, and there have been recent arguments about the direction of their relationship. She describes a long-standing fear of being abandoned in relationships, and reports having very intense relationships with friends/family. Financially, she is struggling to pay rent and living from paycheque-to-paycheque. Developmentally, there may have been some speech delay. Collateral information from the patient's older brother describe her childhood temperament as being avoidant and fearful of her parents.

## Diagnostic Formulation/ ডায়গনস্টিক ফর্মুলেশন

**A comprehensive evaluation of a patient, including a summary of his or her behavioral, emotional, and psycho-physiological disturbances.**

**Diagnostic formulation includes**

- **the most significant features of the patient's total history;**
- **the results of psychological and medical examinations;**
- **a tentative explanation of the origin and development of his or her disorder;**
- **the diagnostic classification of the disorder;**
- **a therapeutic plan, including basic and adjunctive treatments; and**
- **a prognostic evaluation based on carrying out this plan.**

একজন রোগীর একটি বিস্তারিত মূল্যায়ন, যার মধ্যে থাকছে তার আচরণগত, মানসিক, এবং মনো-শারীরিক অসুবিধাগুলোর সারাংশ।

ডায়গনস্টিক ফর্মুলেশন অন্তর্ভুক্ত –

- রোগীর মোট ইতিহাসের সবচেয়ে উল্লেখযোগ্য বৈশিষ্ট্য;
- মনস্তাত্ত্বিক এবং চিকিৎসা পরীক্ষার ফলাফল;
- তার বা তার ব্যাধির উৎস এবং গতিপ্রকৃতির একটি অস্থায়ী ব্যাখ্যা;
- ব্যাধির ডায়গনস্টিক শ্রেণীবিভাগ;
- একটি থেরাপিউটিক প্ল্যান, যার মধ্যে মৌলিক এবং সহায়ক চিকিৎসা; এবং

- এই পরিকল্পনা বাস্তবায়নের উপর ভিত্তি করে সেবে ওঠার সম্ভাবনার একটি মূল্যায়ন।

# Case Formulation Worksheet

Gary G. Gintner, Ph.D.

**Instructions:** Case formulation is the clinical bridge between assessment and treatment planning. It is the process of developing a hypothesis about what factors are contributing to and maintaining the client's problem. These factors have been referred to as the *Five P's* of case formulation: presenting problem, predisposing factors, precipitants, perpetuating factors and protective/positive factors. Use this form as tool in developing your case formulation.

- 1. Presenting Problem:** State the problem in one or two sentences. Write a DSM-5 diagnosis
- 2. Predisposing Factors:** Over the course of this person's lifetime, what factors contributed to the development of the problem?
- 3. Precipitating Factors:** Why is the client coming to treatment now? What factors have triggered or exacerbated the problem?  
( typically thought of as stressors or other events [they could be positive or negative] that may be precipitants of the symptoms. Examples include conflicts about identity, relationship conflicts, or transitions)
- 4. Perpetuating Factors:** What factors maintain the problem and contribute to it persisting?
- 5. Protective/Positive Factors:** What strengths, talents, and supports help to enhance resiliency and can be drawn upon to deal with the problem?
- 6. Case formulation:** State the case formulation in a brief paragraph. You can use the following format as a guide: The client **presents with...**(state the problem or principle diagnosis). The problem seems to be **precipitated** by...(state precipitants, why now). **Predisposing** factors include... The current problem seems to be maintained or **perpetuated** by.... However, the client has a number of **strengths** and **supports** including
- 7. Treatment Planning:** Considering the case formulation, what are your treatment recommendations?

## Biopsychosocial-Instructions

Factors	Biological	Psychological	Social
<b>Predisposing</b>	<ul style="list-style-type: none"> <li>• Family history of mental disorders and substance use</li> <li>• History of concussions</li> <li>• Fearful/anxious temperament at birth</li> </ul>	<ul style="list-style-type: none"> <li>• Fears of abandonment which developed early in childhood</li> <li>• History of invalidation and lack of acknowledgement by parents</li> </ul>	<ul style="list-style-type: none"> <li>• Early parental divorce, unstable home life, history of trauma</li> </ul>
<b>Precipitating</b>	<ul style="list-style-type: none"> <li>• Increase in alcohol use in the last 3 months</li> </ul>	<ul style="list-style-type: none"> <li>• Re-experienced these feelings of invalidation and abandonment after being fired from work</li> </ul>	<ul style="list-style-type: none"> <li>• Recently fired from job</li> </ul>
<b>Perpetuating</b>	<ul style="list-style-type: none"> <li>• Current dose of sertraline is subtherapeutic</li> <li>• Ongoing alcohol use</li> </ul>	<ul style="list-style-type: none"> <li>• Her lack of adaptive coping mechanisms resulted in using self-harm to cope</li> <li>• Additionally, the lack of coping mechanisms leading to intense thoughts of suicide</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing discord in her romantic relationship</li> <li>• Ongoing financial difficulties</li> </ul>
<b>Protective</b>	<ul style="list-style-type: none"> <li>• Medically healthy</li> </ul>	<ul style="list-style-type: none"> <li>• Previously responded well to DBT</li> <li>• History of being psychologically-minded and insightful</li> <li>• University educated</li> </ul>	<ul style="list-style-type: none"> <li>• Good interpersonal support from her best friend who brought her to hospital.</li> <li>• Has a psychiatrist that she sees every month</li> </ul>

### Do's and Dont's

Do	Don't
<ul style="list-style-type: none"> <li>• Use your own words and personal style</li> <li>• Tell a story and narrative that is unique to your patient</li> <li>• Be specific and demonstrate your understanding of the patient as a <i>person</i> and not a diagnosis</li> <li>• Use words like precipitating, protective, and perpetuating factors to anchor your listener</li> <li>• Focus on the most salient features and be concise</li> <li>• Try and use a psychological theory (but only if you understand it)</li> <li>• Be confident in your presentation!</li> </ul>	<ul style="list-style-type: none"> <li>• Include too much extra detail</li> <li>• Try to be perfect only to overwhelm yourself</li> <li>• Be generic (your formulation needs to be unique to your patient)</li> <li>• Tell the patient's whole story all over again</li> <li>• Mention life events or trauma without an understanding of its meaning or impact</li> <li>• Try to formulate a "grand unified theory" of the patient and over-reach with your theory (if it doesn't fit, it doesn't fit! And that's okay!)</li> <li>• Cover every box in the 4 Ps just for the sake of doing it (not all boxes will always apply!)</li> </ul>

**SAMPLE**  
**CASE FORMULATION | DIAGNOSTIC FORMULATION**

**PROFORMA**

**Case formulation:**

State the case formulation in a brief paragraph. You can use the following format as a guide:

The **client presents** with...(state the problem or principle diagnosis). The problem seems to be **precipitated** by...(state precipitants, why now). **Predisposing** factors include...The current problem seems to be **maintained by**.... However, the client has a number of **strengths and supports** including.

**CASE FORMULATION | DIAGNOSTIC FORMULATION**

At present, the client (Adrijaa) **presents** to the hospital emergency department with acute suicidal ideation and self-harm.

The problem seems to be **precipitated** by loosing (fired from) job. She re-experienced these feelings of invalidation and abandonment after being fired from work. At the same time, the client increased alcohol use.

**Predisposing** factors include family history of mental disorders and substance use. Fearful/anxious characteristics of childhood and fears of abandonment which developed early in childhood. History of invalidation and lack of acknowledgement by parents. Other important factors are early parental divorce, unstable home life and history of trauma.

In this case, the **perpetuation** factors include ongoing discord in his love relationship, ongoing financial difficulties. Her lack of adaptive coping mechanisms resulted in using self-harm to cope. Additionally, the lack of coping mechanisms leading to intense thoughts of suicide. Besides all these complications – current dose of sertraline is sub-therapeutic and ongoing alcohol use seems to be maintained by throwing fuel to the fire of the current problem.

However, the client has a number of **strengths and supports** including good interpersonal support of her best friend who brought her to the hospital.

Has a psychiatrist that she visits every month and medically healthy.

Previously she responded well to DBT and she has a history of being psychologically-minded and insightful

She is University educated.