Cognitive-behavioural Case Formulation and Progress Monitoring

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Australian Association for Cognitive Behavioural Therapy

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Introductions

Why case formulation and progress monitoring?

Three levels of formulation: symptom, disorder/problem, and case

Formulation at the level of the symptom

Formulation at the level of the disorder/problem

10:30 to 11 morning tea

Exercise: Develop an initial formulation of a symptom

Tools for developing formulation hypotheses

Formulation at the level of the case

12:30 to 1 lunch

Exercise: Develop an initial formulation of the case of Judy the art student

Progress monitoring

3:30 to 4 afternoon tea

Exercise: Collecting monitoring data from the resistant patient

Final discussion

TO DO

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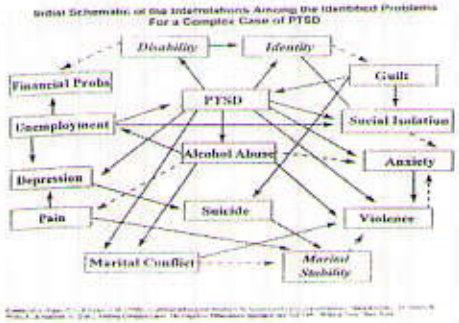
- _____
- _____

Why Formulation and Progress Monitoring?

The Problem: Providing effective evidence-based care for each unique patient

The ESTs are part of the solution

The Multiple-disorder Case



A solution to the problem of providing effective evidence-based care for each unique patient:

case formulation-driven CBT

Definition of formulation

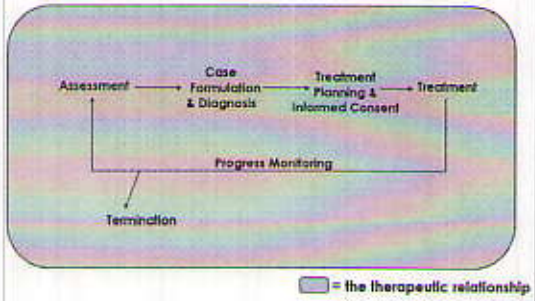
A formulation is a hypothesis about the factors that cause and maintain a patient's symptoms, problems, and disorders.

The function of the formulation

. . . is to help the clinician provide treatment that meets the needs of the patient at hand.

Formulation is like a map, whereas an EST protocol is like a list of directions

Case Formulation-driven Cognitive-behavior Therapy



Empirical Foundations of case formulation-driven CBT

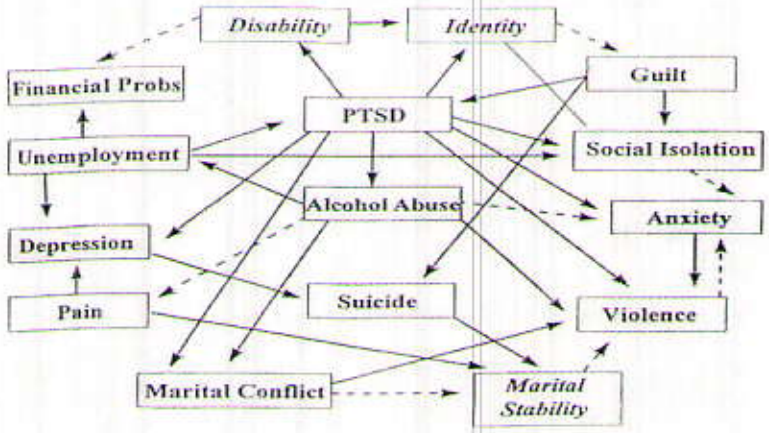
- Some data showing outcome of formulation-driven treatment is equal to standardized treatment
- Reliance on evidence-based formulations
- Reliance on EST interventions
- Reliance on findings from basic science
- Reliance on empirical methods

Levels of Formulation

- Symptom
- Disorder/Problem
- Case

A case consists of disorders and problems; most disorders and problems consist of symptoms

Initial Schematic of the Interrelations Among the Identified Problems For a Complex Case of PTSD



Levels of Formulation

- Symptom
- Disorder/Problem
- Case

Two CB Models that Guide Formulation at the Level of the Symptom

- Beck's cognitive model
- Operant conditioning

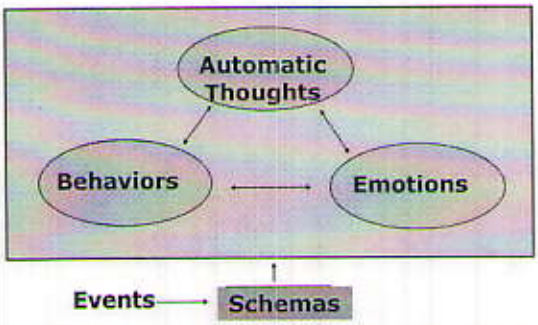
Structural vs. Functional Models of Behavior

- Structural models (e.g., Beck's cognitive model) focus on HOW people behave (topography of behavior) and on underlying structures
- Functional models (e.g., operant conditioning) focus on WHY people behave

Two CB Models that Guide Formulation at the Level of the Symptom

- Beck's cognitive model
- Operant conditioning

Beck's Cognitive Theory of Psychopathology



Thought Record

Date	Situation (Event, memory, etc.)	Behavior(s)	Emotions	Thoughts	Coping Responses

Two CB Models that Guide Formulation at the Level of the Symptom

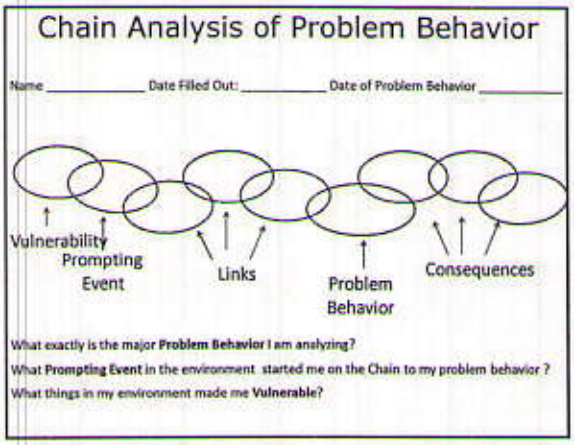
- **Beck's cognitive model**
- **Operant conditioning**

OPERANT MODEL OF BEHAVIOR

Functional Analysis

Antecedents (A)	Behaviors – actions, thoughts, or emotions (B)	Consequences (C)

Chain Analysis of Problem Behavior



Cognitive and Operant Formulations and Treatment of Suicidality

Cognitive Formulation of Suicidality

Suicidal behaviors are caused by distorted thoughts like: "My life is horrible and will never change." (hopelessness)

Treatment of Suicidality Based on the Cognitive Formulation

- Restructuring of cognitions about the hopelessness
- Behavioral activity scheduling to test cognitions about hopelessness (e.g., "I will never enjoy anything again.")

Formulating Suicidal Behavior Using Operant Conditioning

Antecedents (A)	Behaviors (B) (actions, thoughts, or emotions)	Consequences (C)
Overwhelming problems	Suicide attempt	Hospitalization

Treatment of Suicidality Based on the Operant Formulation

- Reduce/eliminate the problems (antecedents)
- Teach problem-solving skills (behaviors)
- Prevent hospitalization/escape (consequences)

Thought Record

DATE	SITUATION (Event, memory, attempt to do something, etc.)	BEHAVIOR(S)	EMOTIONS	THOUGHTS	COPING RESPONSES

Event Log

		A	B	C
Time	Date			

Chain Analysis

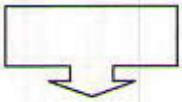
Describe the problem behavior in detail _____

What things in myself or my environment made me vulnerable?

_____

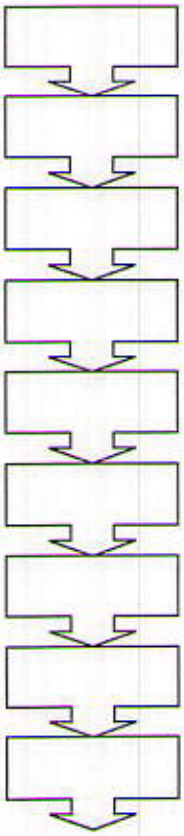
_____

What event (in the environment) started the chain?



_____

What happened next? (events in the environment; my behaviors, thoughts, emotions, body sensations)



1st _____

2nd _____

3rd _____

4th _____

5th _____

6th _____

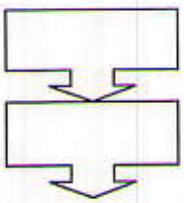
7th _____

8th _____

9th _____

10th _____

What happened after the problem behavior? (events; my behaviors, thoughts, emotions, body sensations)



11th _____

12th _____

Adapted from Mansueto et al. (1999). Cognitive and Behavioral Practice, 23-43.

Levels of Formulation

- Symptom
- Disorder/Problem
- Case

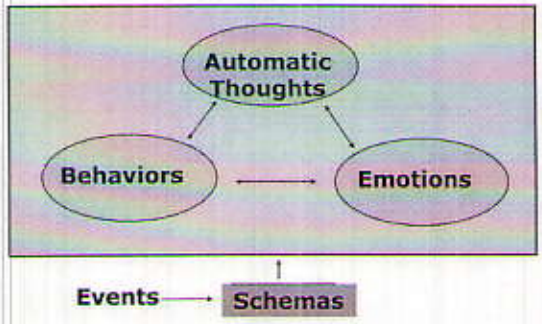
Formulation and the ESTs

- To develop disorder formulations, begin with the formulations that underpin the ESTs
- EST formulations identify treatment targets and provide interventions

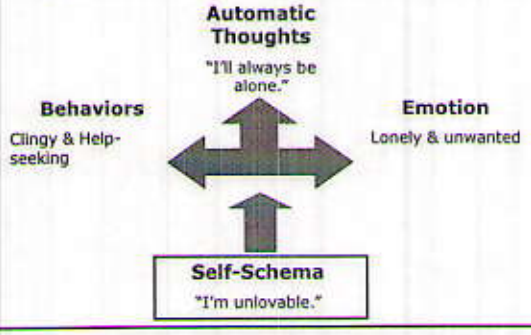
Some Evidence-based Formulations and Therapies for Depression

- Beck's cognitive model
- Lewinsohn's behavioral model
- Mindfulness-based cognitive therapy (relapse prevention)
- Behavioral activation
- McCullough's Cognitive Behavioral System of Analysis (CBASP)
- Greenberg's Emotion-focused Therapy

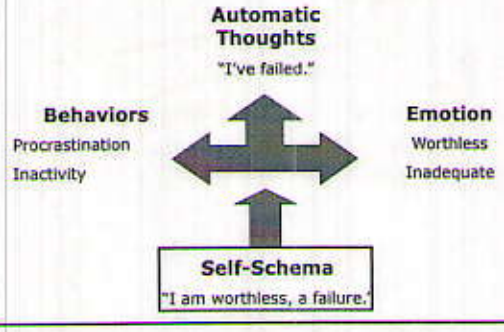
Beck's Cognitive Theory of Depression



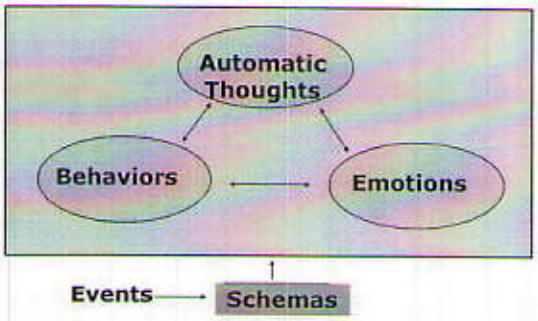
Dependent (Sociotropic) Type



Autonomous Type



Treatment Targets Identified by Beck's Cognitive Theory of Depression



Interventions in Beck's Cognitive Therapy for Depression

- Behavioral activity scheduling
- Cognitive restructuring
- Behavioral experiments
- Positive data log
- Continuum method
- . . . .

Some Evidence-based Formulations of Depression

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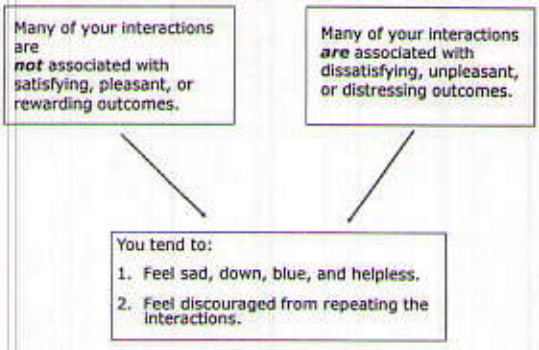
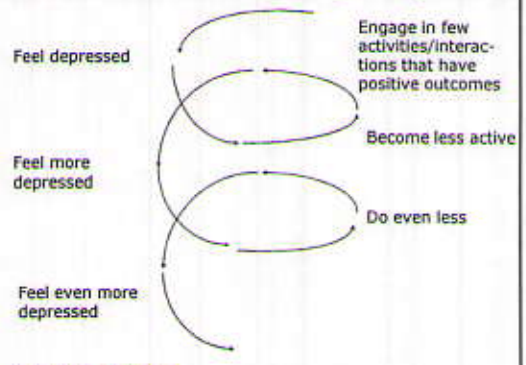
Lewinsohn's Behavioral Theory of Depression



(Lewinsohn et al., 1978)

Lewinsohn's Behavioral Theory of Depression

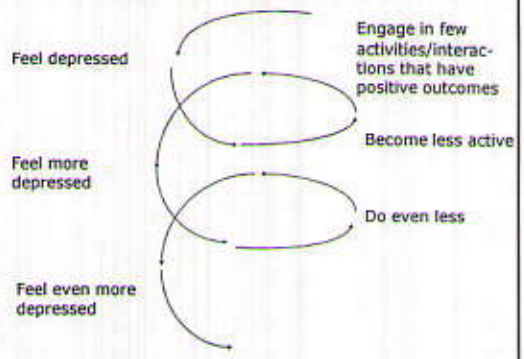


(Lewinsohn et al., 1978)

Lewinsohn's Behavioral Theory Stated in Terms of As, Bs, and Cs

Antecedents (A)	Behaviors (B) (actions, thoughts, or emotions)	Consequences (C)
Situations in which Bs previously elicited rewards	Previously enjoyable behaviors Social interactions	Few or no positive reinforcers and/or Aversive consequences

Treatment Targets Identified by Lewinsohn's Theory



(Lewinsohn et al., 1978)

Intervention Strategies Flowing from Lewinsohn's Behavioral Theory of Depression

Pleasant activities

Social skills training

Relaxation

Cognitive restructuring

Some Evidence-based Formulations of Depression

- **Beck's cognitive model**
- **Lewinsohn's behavioral model**
- **Mindfulness-based cognitive therapy**
- **Behavioral activation**
- **McCullough's Cognitive Behavioral System of Analysis (CBASP)**
- **Greenberg's Emotion-focused Therapy**

Mindfulness-based CT Model of Depression

" . . . in recovered depressed patients, the thinking activated by dysphoria will show similarities to the thinking patterns previously present in episode. These reactivated patterns of thinking can act to maintain and intensify the dysphoric state through escalating and self-perpetuating cycles of ruminative cognitive-affective processing."

Teasdale et al., JCCP, 2000.

Treatment Targets Identified by Mindfulness-based CT Model of Depression

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Teasdale et al., JCCP, 2000.

Intervention Goal of MBCT

"The focus of MBCT is to teach individuals to become more aware of thoughts and feelings and to relate to them in a wider, decentered perspective as "mental events" rather than as aspects of the self or as necessarily accurate reflections of reality."

Teasdale et al., JCCP, 2000.

Interventions of MBCT

- **Psychoeducation**
- **Cognitive interventions**
- **Awareness exercises (e.g., the raisin)**
- **Meditation practice**

Other Useful Formulations

- Cognitive conceptualization of panic disorder
- Cognitive conceptualization of OCD
- Dialectical Behavior Therapy (DBT) conceptualization of borderline personality disorder

Cognitive Conceptualization of Panic

Situation: Sitting in class thinking about final exam

TRIGGER- I have a little difficulty breathing

↓

AUTOMATIC THOUGHTS- Something is wrong. What if I panic?

↓

EMOTION- Fear

↓

SOMATIC SENSATIONS- Rapid breathing, muscle tension, palpitations

↓

FOCUS ON SENSATIONS- How am I breathing? Is it getting worse?

↓

INTENSIFICATION OF SENSATIONS

↓

CATASTROPHIC INTERPRETATIONS- I'm suffocating! I might die!

↓

PANIC

Treatment Targets in the Cognitive Conceptualization of Panic

Situation: Sitting in class thinking about final exam

TRIGGER- I have a little difficulty breathing

↓

AUTOMATIC THOUGHTS- Something is wrong. What if I panic?

↓

EMOTION- Fear

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SOMATIC SENSATIONS- Rapid breathing, muscle tension, palpitations

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FOCUS ON SENSATIONS- How am I breathing? Is it getting worse?

↓

INTENSIFICATION OF SENSATIONS

↓

CATASTROPHIC INTERPRETATIONS- I'm suffocating! I might die!

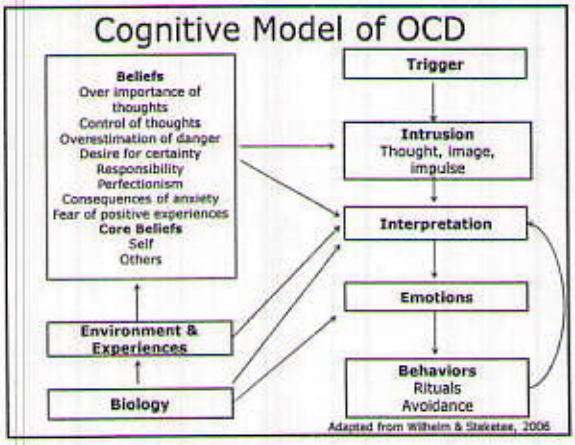
↓

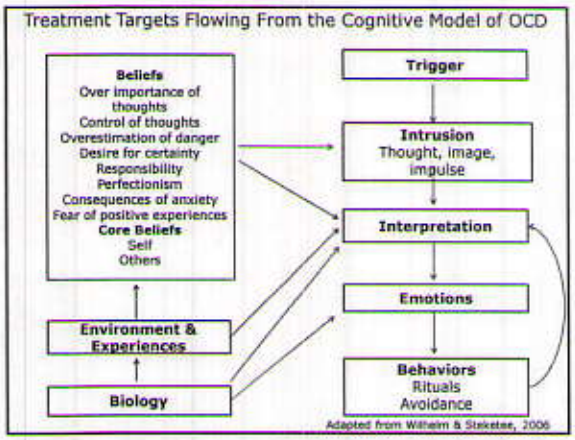
PANIC

Interventions in ESTs for Panic Disorder

- Psychoeducation
- Cognitive restructuring
- Interoceptive exposure
- (Breathing retraining)

Cognitive Model of OCD





Interventions in Cognitive Therapy for OCD

- Psychoeducation
- Self-monitoring
- Cognitive restructuring
- Continuum technique
- Cost-benefit analysis
- Behavioral experiments

DBT formulation of borderline personality disorder (BPD)

BPD symptoms result from a pervasive disorder of the emotion regulation system:

EMOTIONAL VULNERABILITY
POOR EMOTION REGULATION

Treatment Targets in DBT for borderline personality disorder

EMOTIONAL VULNERABILITY
POOR EMOTION REGULATION

EMOTIONAL VULNERABILITY

- Small stimuli activate emotions
- Emotional responses are intense
- Emotions return to baseline slowly

POOR EMOTION REGULATION

- Inadequate regulation skills and strategies (e.g., avoidance as a main strategy)
- Maladaptive regulation strategies (substance use, self-harm, suicidality)

Interventions in DBT for BPD

- Cognitive restructuring
- Contingency management
- Dialectical strategies (e.g., balancing validation and change)
- Mindfulness
- Distress tolerance skills
- Emotion regulation skills
- Interpersonal effectiveness skills . . .

Slides Provided 31

Exercise: Developing an Initial Symptom Formulation

Thought Record

DATE	SITUATION (Event, memory, attempt to do something, etc.)	BEHAVIOR(S)	EMOTIONS	THOUGHTS	COPING RESPONSES

Event Log

		A	B	C
Time	Date			

Chain Analysis

Describe the problem behavior in detail _____

What things in myself or my environment made me vulnerable?

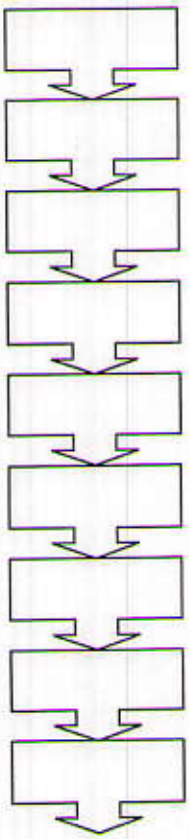
_____

_____

What event (in the environment) started the chain?

_____

What happened next? (events in the environment; my behaviors, thoughts, emotions, body sensations)



1st _____

2nd _____

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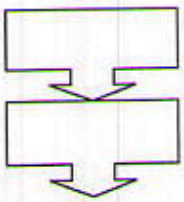
9th _____

10th _____

What happened after the problem behavior? (events; my behaviors, thoughts, emotions, body sensations)



11th _____

12th _____

Adapted from Mansueto et al. (1999). Cognitive and Behavioral Practice, 23-43.

Take-home lessons from the symptom-formulation exercise

- _____
- _____
- _____
- _____
- _____

Tools for Developing Formulation Hypotheses (those we used already)

- Interview guided by information about evidence-based symptom and disorder formulations
- Behavioral chain analysis
- Thought Record

Other Tools for Developing Formulation Hypotheses

- Self-monitoring data
- Standardized measures
- Downward arrow method
- Observations of patient behavior
- Observations of therapist emotional responses

Activity Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7-8							
8-9							
9-10							
10-11							
11-12							
12-1							
1-2							
2-3							
3-4							
4-5							
5-6							
Evening							

Downward arrow method

After eliciting an automatic thought about a situation that appears to be common and highly-charged for the patient, ask repeatedly, "And if that were true, why would that be upsetting to you?"

Burns, Feeling Good, 1999

Thought Record

Date	Situation	Behavior(s)	Emotions	Thoughts	Coping Responses
	Colleague says, "Oh you're sick again."			It could be cancer. ⇩ I'll miss work. ⇩ I'll drop a ball. ⇩ I'll lose my job. ⇩ I'll be humiliated.	

Using Observations of Patient Behaviors and Therapist Emotions to Develop Formulation Hypotheses

Rule 1: Watch for CRBs

Adapted from Kohlenberg, R. J., & Tsai, M. (1991). *Functional analytic psychotherapy.*

ACTIVITY SCHEDULE

	MONDAY DATE:	TUESDAY DATE:	WEDNESDAY DATE:	THURSDAY DATE:	FRIDAY DATE:	SATURDAY DATE:	SUNDAY DATE:
7-8							
8-9							
9-10							
10-11							
11-12							
12-1							
1-2							
2-3							
3-4							
4-5							
5-6							
6-7							
Evening							

Daily Log

Day	Date				
Mon					
Tues					
Wed					
Thurs					
Fri					
Sat					
Sun					

Assessment Tools Useful for Developing Formulation Hypotheses

General

Antony, M. M., Orsillo, S. M., & Roemer, L. (2001). *Practitioner's guide to empirically based measures of anxiety.* New York, NY: Kluwer Academic/Plenum Publishers.

Nezu, A. M., Ronan, G. F., Meadows, E. A., & McClure, K. S. (2000). *Practitioner's guide to empirically based measures of depression.* New York, NY: Kluwer Academic/Penum Publishers.

Mechanisms

Bieling, P. J., Beck, A. T., & Brown, G. K. (2000). The Sociotropy Autonomy Scale: Structure and implications. *Cognitive Therapy and Research, 24,* 763-780. (reprinted in Nezu et al., above)

Frost, R. O., Martin, P., Lahart, C., & Rosenblate, R. (1990). The dimensions of perfectionism. *Cognitive Therapy and Research, 14*, 449-468.

MacPhillany, D. J., & Lewinsohn, P. M. (1982). The Pleasant Events Schedule: Studies on reliability, validity, and scale intercorrelation. *Journal of Consulting and Clinical Psychology, 50*, 363-380.

Obsessive Compulsive Cognitions Working Group (2005). Psychometric validation of the obsessive belief questionnaire and interpretation of intrusions inventory – Part 2: Factor analyses and testing of a brief version. *Behaviour Research and Therapy, 43,* 1527-1542.

Taylor, S. & Cox, B. J. (1998). An expanded Anxiety Sensitivity Index: Evidence for a hierarchic structure in a clinical sample. *Journal of Anxiety Disorders, 12,* 463-483.

(OBQ-44)

This inventory lists different attitudes or beliefs that people sometimes hold. Read each statement carefully and decide how much you agree or disagree with it.

For each of the statements, choose the number matching the answer that *best describes how you think.* Because people are different, there are no right or wrong answers.

To decide whether a given statement is typical of your way of looking at things, simply keep in mind what you are like *most of the time.*

Use the following scale:

1	2	3	4	5	6	7
disagree very much	disagree moderately	disagree a little	neither agree nor disagree	agree a little	agree moderately	agree very much

In making your ratings, try to avoid using the middle point of the scale (4), but rather indicate whether you usually disagree or agree with the statements about your own beliefs and attitudes.

6. I often think things around me are unsafe.	1	2	3	4	5	6	7
10. If I'm not absolutely sure of something, I'm bound to make a mistake	1	2	3	4	5	6	7
13. Things should be perfect according to my own standards.	1	2	3	4	5	6	7
19. In order to be a worthwhile person, I must be perfect at everything I do.	1	2	3	4	5	6	7
20. When I see any opportunity to do so, I must act to prevent bad things from happening.	1	2	3	4	5	6	7
23. Even if harm is very unlikely, I should try to prevent it at any cost.	1	2	3	4	5	6	7
24. For me, having bad urges is as bad as actually carrying them out.	1	2	3	4	5	6	7
27. If I don't act when I foresee danger, then I am to blame for any consequences.	1	2	3	4	5	6	7
28. If I can't do something perfectly, I shouldn't do it at all.	1	2	3	4	5	6	7
31. I must work to my full potential at all times.	1	2	3	4	5	6	7
32. It is essential for me to consider all possible outcomes of a situation.	1	2	3	4	5	6	7
33. Even minor mistakes mean a job is not complete.	1	2	3	4	5	6	7

1	2	3	4	5	6	7
disagree very much	disagree moderately	disagree a little	neither agree nor disagree	agree a little	agree moderately	agree very much

34. If I have aggressive thoughts or impulses about my loved ones, this means I may secretly want to hurt them.	1	2	3	4	5	6	7
35. I must be certain of my decisions.	1	2	3	4	5	6	7
38. In all kinds of daily situations, failing to prevent harm is just as bad as deliberately causing harm.	1	2	3	4	5	6	7
39. Avoiding serious problems (for example, illness or accidents) requires constant effort on my part.	1	2	3	4	5	6	7
41. For me, not preventing harm is as bad as causing harm.	1	2	3	4	5	6	7
42. I should be upset if I make a mistake.	1	2	3	4	5	6	7
43. I should make sure others are protected from any negative consequences of my decisions or actions	1	2	3	4	5	6	7
45. For me, things are not right if they are not perfect.	1	2	3	4	5	6	7
46. Having nasty thoughts means I am a terrible person.	1	2	3	4	5	6	7
50. If I do not take extra precautions, I am more likely than others to have or cause a serious disaster.	1	2	3	4	5	6	7
53. In order to feel safe, I have to be as prepared as possible for anything that could go wrong.	1	2	3	4	5	6	7
55. I should not have bizarre or disgusting thoughts.	1	2	3	4	5	6	7
56. For me, making a mistake is as bad as failing completely.	1	2	3	4	5	6	7
57. It is essential for everything to be clear cut, even in minor matters.	1	2	3	4	5	6	7
58. Having a blasphemous thought is as sinful as committing a sacrilegious act.	1	2	3	4	5	6	7
59. I should be able to rid my mind of unwanted thoughts.	1	2	3	4	5	6	7
61. I am more likely than other people to accidentally cause harm to myself or to others.	1	2	3	4	5	6	7

1	2	3	4	5	6	7
disagree very much	disagree moderately	disagree a little	neither agree nor disagree	agree a little	agree moderately	agree very much

64. Having bad thoughts means I am weird or abnormal. 1 2 3 4 5 6 7

65. I must be the best at things that are important to me. 1 2 3 4 5 6 7

66. Having an unwanted sexual thought or image means I really want to do it. 1 2 3 4 5 6 7

67. If my actions could have even a small effect on a potential misfortune, I am responsible for the outcome. 1 2 3 4 5 6 7

68. Even when I am careful, I often think that bad things will happen. 1 2 3 4 5 6 7

69. Having intrusive thoughts means I'm out of control. 1 2 3 4 5 6 7

72. Harmful events will happen unless I am very careful. 1 2 3 4 5 6 7

74. I must keep working at something until it's done exactly right. 1 2 3 4 5 6 7

76. Having violent thoughts means I will lose control and become violent. 1 2 3 4 5 6 7

77. To me, failing to prevent a disaster is as bad as causing it. 1 2 3 4 5 6 7

78. If I don't do a job perfectly, people won't respect me. 1 2 3 4 5 6 7

79. Even ordinary experiences in my life are full of risk. 1 2 3 4 5 6 7

83. Having a bad thought is morally no different than doing a bad deed. 1 2 3 4 5 6 7

84. No matter what I do, it won't be good enough. 1 2 3 4 5 6 7

86. If I don't control my thoughts, I'll be punished. 1 2 3 4 5 6 7

Revised 11/18/02 - obq-44.doc

OBQ44 Scoring Key**

Responsibility and Harm (16 items)
6, 20, 23, 27, 38, 39, 41, 43, 50, 53, 61, 67, 68, 72, 77, 79

Perfectionism and Intolerance of Uncertainty (16 items)
10, 13, 19, 28, 31, 32, 33, 35, 42, 45, 56, 57, 65, 74, 78, 84

Importance and Control (12 items)
24, 34, 46, 55, 58, 59, 64, 66, 69, 76, 83, 86

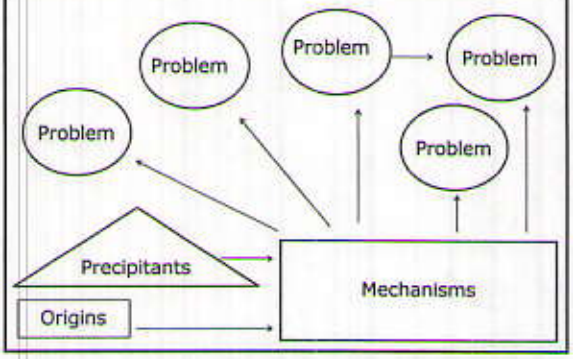
Non-clinical Sample means				
Scale	Community Mean	Community Std Dev	Student Mean	Student Std Dev
Inflated responsibility/ perceived threat of harm	34.2	13.0	48.4	18.7
Perfectionism/ intolerance of Uncertainty	41.4	18.1	55.5	20.1
Importance of thoughts/ controlling thoughts	20.5	9.3	27.1	11.6
Total Score	96.0	35.1	131.3	44.3

**Obsessive Compulsive Cognitions Working Group (2005). Psychometric validation of the obsessive belief questionnaire and interpretation of intrusions inventory – Part 2: Factor analyses and testing of a brief version. *Behaviour Research and Therapy, 43,* 1527-1542.

Levels of Formulation

- Symptom
- Disorder/Problem
- Case

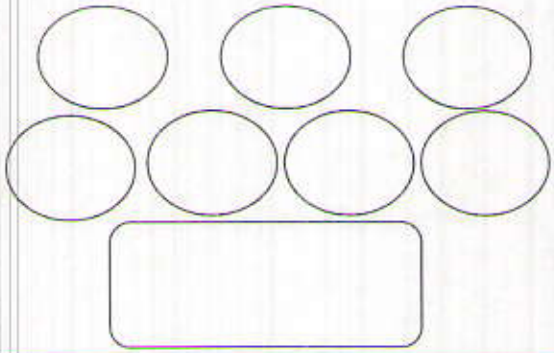
Elements of a Case Formulation



Elements of a Case Formulation

- Problems
- Mechanisms
- Precipitants of the Mechanisms
- Origins of the Mechanisms

The Case Formulation



Elements of a Case Formulation

- Problems
- Mechanisms
- Precipitants of the Mechanisms
- Origins of the Mechanisms

Guidelines for Developing a Problem List

- Develop a comprehensive list.
- Prioritize problems.
- Name each problem in one or two words. "Work dissatisfaction."
- Describe emotion, behavioral, and cognitive components. "Feels worthless, avoids work and thinks, 'I'm going to fail at that project.'"
- Strive for a mutually agreed-upon Problem List.

Domains Assessed to Create a Comprehensive Problem List

- Psychological/psychiatric disorders and symptoms
- Medical disorders and symptoms
- Interpersonal
- Work
- Finances
- Legal
- Leisure
- Healthcare difficulties

Prioritizing Problems

Suicidal and self-harm behaviors

Therapy-interfering behaviors

Quality-of-life interfering behaviors

Other problems

Adapted from Linehan, M. M. (1993).

Quality-of-life-interfering Behaviors

- Severe substance abuse
- High-risk sexual behavior
- Criminal behaviors that may lead to jail
- Serious dysfunctional interpersonal behaviors (choosing abusive partners, ending relationships prematurely)
- Employment – or school-related dysfunctional behaviors (quitting jobs or school; inability to look for or find a job)
- Illness-related dysfunctional behaviors (inability to get proper medical care; not taking medications)
- Housing-related dysfunctional behaviors (living in shelters, cars, or overcrowded housing)
- Mental-health-related dysfunctional behaviors (going into psychiatric hospitals)
- Mental-disorder-related dysfunctional patterns (behaviors that meet criteria for other severe mental disorders)

Adapted from Linehan, M. M. (1993). Cognitive-behavioral treatment of borderline personality disorder.

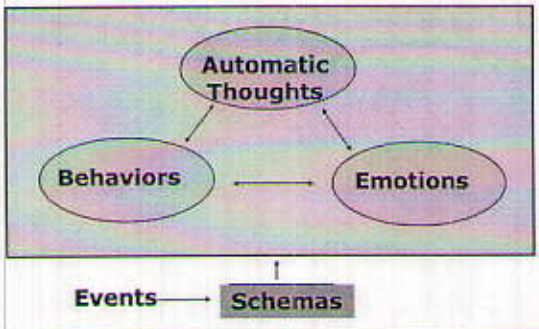
Elements of a Case Formulation

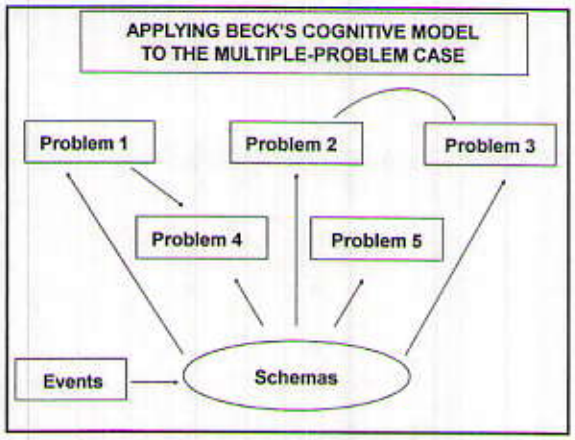
- Problems
- Mechanisms
- Precipitants of the Mechanisms
- Origins of the Mechanisms

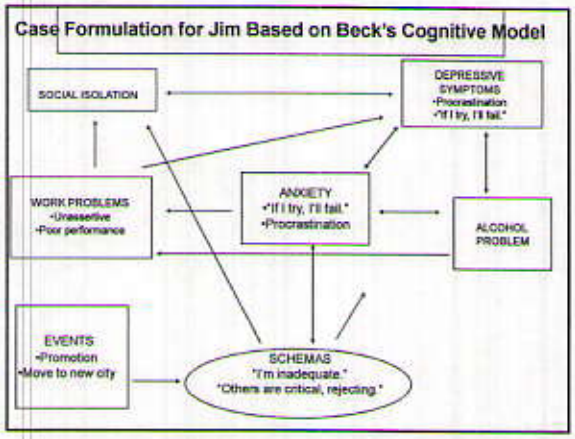
Two strategies for developing mechanism (formulation) hypotheses at the level of the case

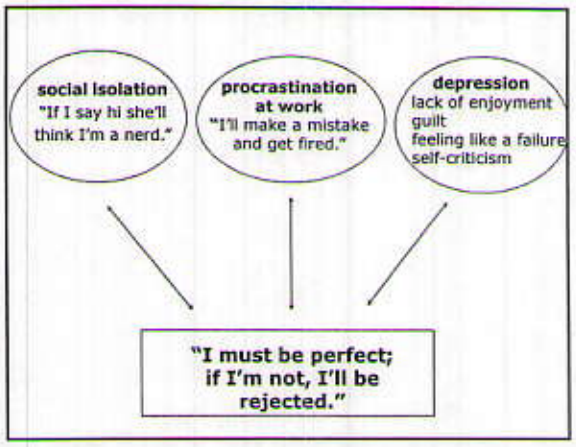
- Extrapolate from a disorder formulation
- Extrapolate from a symptom formulation

Beck's Cognitive Theory of Depression









Two strategies for developing mechanism (formulation) hypotheses at the level of the case

- **Extrapolate from a disorder formulation**
- **<u>Extrapolate from a symptom formulation</u>**

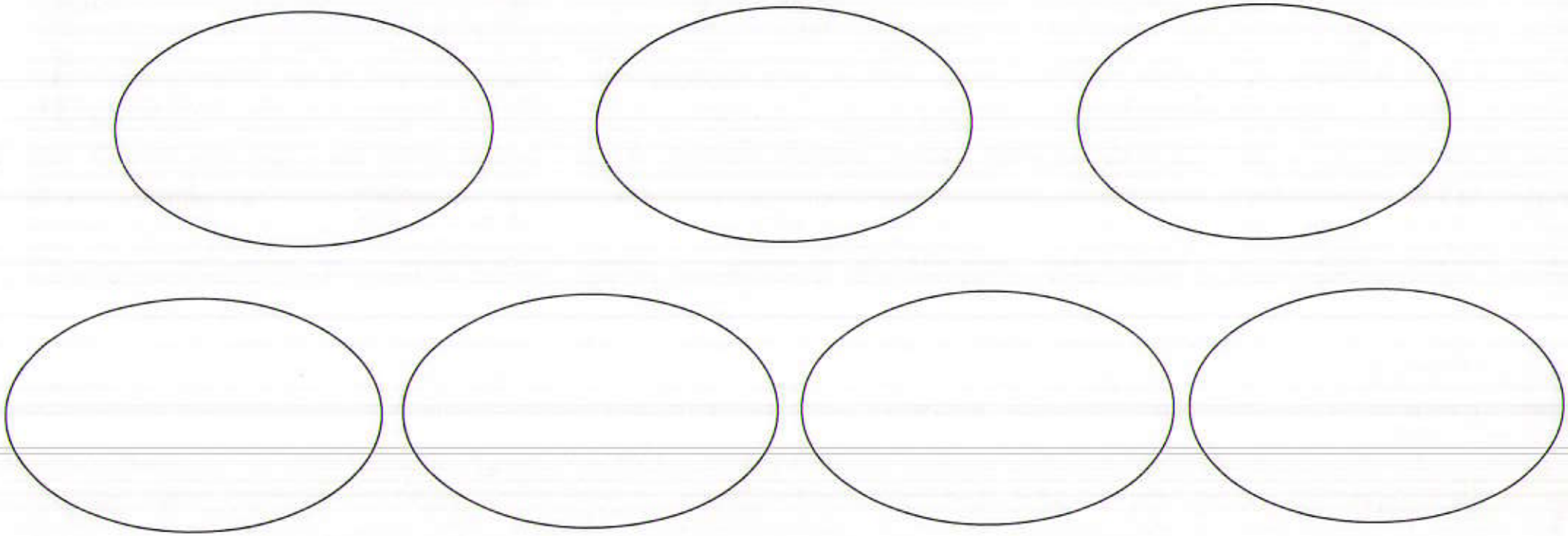
Thought Record

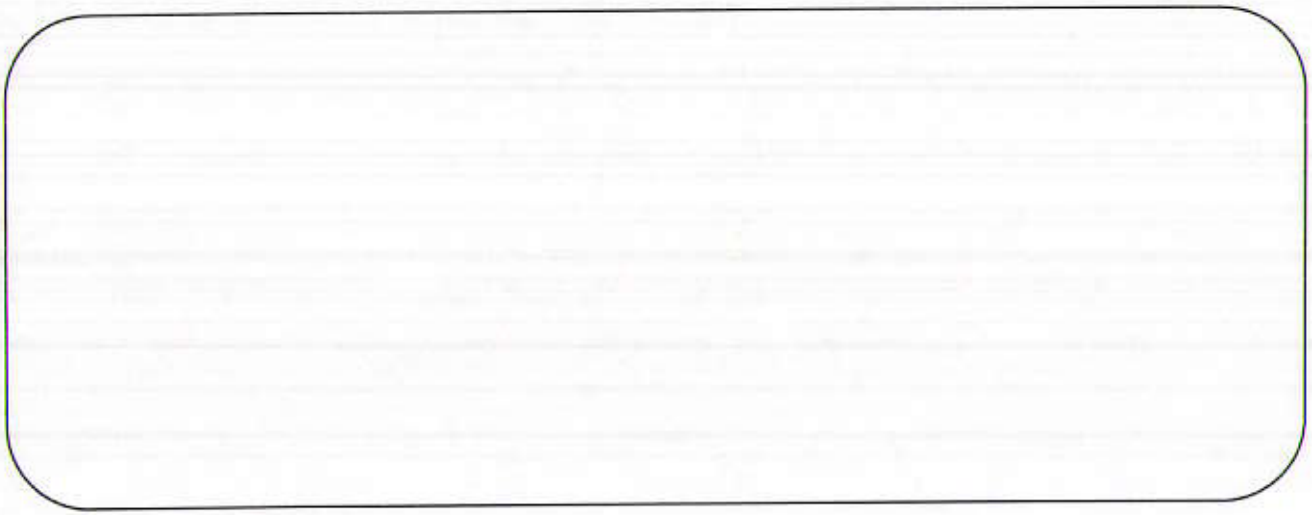
Date	Situation	Behavior	Emotions	Thoughts	Coping Responses
	Difficulty setting therapy session agenda		Anxious Appre-hensive	I'll pick the wrong topic. The session won't help me. Therapy probably won't help me; I should try medications	

Functional Analysis of Steve's Vomiting Behavior

Antecedents (A)	Behaviors (B)	Consequences (C)
Boredom Nothing to do No meaningful relationships	Vomiting	Stimulation, activity Special treatment (TV, couch) Attention from father

The Case Formulation





Adult Intake Questionnaire

This questionnaire will help your therapist understand your situation. If you feel uncomfortable answering any of the questions, you may leave them blank and discuss them when you meet with your therapist.

Name:

_____ _____ _____
First Middle Initial Last

Home Address:

_____
Street Address

_____ _____ _____
City State Zip Code

Phone: (Home) _____ (Work) _____

(Cell) _____ (Other, please specify) _____

Email: _____ (*optional*)

Please circle preferred method of contact (home, work, cell, or e-mail)

Emergency Contact: (Name) _____

(Phone) _____ (Relationship) _____

Referral Source: How did you come to seek services at the Center? (Check all that apply)

_____ SFBACCT website

_____ Other websites or individuals (please specify)_____

_____ Health professional:

Name:_____ Phone: _____

_____ Other (please specify)_____

Reimbursement: If you would like to receive a monthly statement that you can forward to your insurance company to request reimbursement, please indicate below:

Monthly statement (circle one): Yes No

Please mail the statement to: (circle one) Home Other:

_____
Street Address

_____ _____ _____
City State Zip Code

Personal Information

1. Age: _____ 2. Date of birth: _____ 3. Gender (circle one): Male Female

4. Ethnicity (circle all that apply):

Caucasian Black/African-American Hispanic South Asian

Middle Eastern East Asian Southeast Asian Native American

Pacific Islander Other: _____

5. Religious background (circle one)

Protestant Catholic Jewish Muslim

Buddhist Hindu No affiliation Other: _____

6. Marital status (circle one):

Single, never married Cohabiting Married Widowed

Divorced Separated

7. If you have a partner or spouse, how long have you been together? _____

8. If married, what year did you get married? _____

9. If you have a partner or spouse, what is your spouse/partner's occupation? _____

10. If you are divorced,

i). When did you divorce your previous partner? _____

ii). How long were you married? _____

11. If you are widowed,

i).When did your spouse die? _____

ii) How did your spouse die? _____

12. If applicable, please list names and ages of your children:

Name	Gender/Age	Where does s/he live?	Biological?
			Y/N
			Y/N
			Y/N
			Y/N

13. Names of persons living in your home and your relationship to them:

Name	Relationship	Name	Relationship

Family/Social History

1. Mother

Biological parent? Yes No (circle one) Her occupation: _____

If not US, did she immigrate to US? Yes No If yes, when? _____

Where was she born? _____

If living, where does she live now? _____

If living, age and health status: _____

If deceased, year and cause of death: _____

2. Father

Biological parent? Yes No (circle one) His occupation: _____

Where was he born? _____

If not US, did he immigrate to US? Yes No If yes, when? _____

If living, where does he live now? _____

If living, age and health status: _____

If deceased, year and cause of death: _____

Did your parents marry? Yes No (circle one)

Did your parents separate? Yes No (circle one) If yes, when? _____

Did your parents divorce? Yes No (circle one) If yes, when? _____

If your parents divorced or if one of your parents died,

Did your mother remarry? Yes No (circle one) If yes, when? _____

Did your father remarry? Yes No (circle one) If yes, when? _____

With whom did you primarily live while growing up? (circle one)

Both Parents Mother Father

Other (please specify): _____

3. Siblings

Name	Gender/Age	Occupation	Where does s/he live?	Biological?
				Y/N
				Y/N
				Y/N
				Y/N

4. Where were you born? _____ 5. Where did you grow up? _____

6. Is English your first language? Yes No (circle one) If no, please specify first language _____

7. If no longer living with your parents, at what age did you move out of your parents' home? _____

Education and Employment History

1. Are you going to school now? Yes No (circle one) Full-time Part-time (circle one)

If yes, what are you studying? _____

Are you working toward a degree? Yes No (circle one) If yes, what degree? _____

2. Education (# of years completed): _____

Please count 1st grade as the 1st yr; high school graduate is 12 yrs, college graduate is 16, master's degree is 18, etc

3. What is your highest degree and when did you earn it? _____

4. Did you ever leave a school you were enrolled in prior to completion? Yes No (circle one)

If yes, give details: _____

5. Did you ever receive any special education services (e.g. academic tutoring, IEP, classroom accommodations)?

Yes No (circle one)

If yes, give details: _____

6. Are you working now? (circle one): Yes No Full-time Part-time (circle one)

If yes, your occupation: _____

7. Employment history:

Type of job held — How long?

_____

_____

_____

_____

8. Are you receiving or have you applied for medical leave or disability benefits? Yes No (circle one)

9. Have you ever received medical or disability benefits? Yes No (circle one)

Current Problems and Treatment History

1. Please describe briefly the problem(s) that bring you in to see a therapist.

a. What are the symptoms, how intense are they, and how often do they occur?

_____

_____

_____

_____

b. When did you start having these problems? _____

c. Have you ever had problems like this before? Yes No (circle one)

d. If yes, when? _____

2. Are you currently seeing another therapist/psychiatrist? Yes No (circle one)

If yes, please provide the following information:

Therapist's name: _____ Date treatment began: _____

_____
Street Address

_____ _____ _____
City State Zip Code

3. Have you previously been in psychotherapy or counseling, including individual, group, marital or family therapy?
Yes No (circle one)

If yes, please provide the following information:

Therapist's name(s)	Date(s) of treatment	Problem for which treatment was sought	Did you find it helpful? Y/N	If yes, in what way was it helpful?	If not, in what way was it unsatisfactory?

4. a. Has a health professional ever recommended hospitalization or partial hospitalization for mental or emotional difficulties or for drug or alcohol abuse? Yes No (circle one)

b. Have you ever been hospitalized in an inpatient or partial hospitalization program for mental or emotional difficulties or for drug or alcohol abuse? Yes No (circle one) If yes, please complete the following chart.

When were you hospitalized?	For how long?	Reasons for hospitalization or partial hospitalization	Was it voluntary? (Y/N)

5. Has a physician/psychiatrist ever recommended that you take medication for mental or emotional difficulties (e.g. Prozac, Xanax, etc.)? Yes No (circle one)

6. Do you currently take or have you ever taken medications for mental or emotional difficulties prescribed by a physician/psychiatrist? Yes No (circle one)

If yes, please complete the following chart.

Medication Name	Dosage/ Frequency	Currently using? (Y/N)	When Started?	When ended (*if not current*)	Name of Prescriber	Prescribed for what symptoms?

Are you currently involved in any other activities to help with your symptoms (e.g., massage therapy, acupuncture, chiropractor, meditation classes)? If yes, please describe

_____

_____

_____

_____

7. Do you currently take any herbal supplements or medicines? Yes No (circle one)

   If yes, what do you take? _____

   How often?_____ For what reason? _____

8. Have you ever made a suicide attempt? Yes No (circle one)

9. Have you ever purposely harmed yourself (cutting, burning, or other)? Yes No (circle one)

10. Has a physician/psychiatrist ever recommended that you take medication for mental or emotional difficulties or to treat drug or alcohol abuse (e.g. Prozac, Xanax, etc.)? Yes No (circle one)

11. Do you currently take medications for mental or emotional difficulties or to treat drug or alcohol abuse? Yes No (circle one) If yes, please complete the following chart. Please list medications for mental or emotional problems here. Later in the questionnaire, you will be asked to list medications for medical conditions,

Medication Name	Dosage/ Frequency	When Started?	Name of Prescriber	Prescribed for what symptoms?

12. Please list medications you have taken previously for mental or emotional difficulties or to treat drug or alcohol abuse.

_____

13. Are you currently involved in any other activities or therapies to help with your symptoms (e.g., massage therapy, acupuncture, chiropractor, meditation)? If yes, please describe _____

_____

14. Do you smoke cigarettes? Yes No (circle one) If yes, how much do you smoke? _____cigarettes per _____

15. Do you drink caffeinated beverages? Yes No (circle one)

If yes, how many cups of coffee, tea, or soda do you drink daily? _____

16. Are you taking any herbal supplements or medicines? Yes No (circle one)

If yes, what do you take? _____

17. Do any biological relatives have any history of psychiatric, emotional and/or substance use problems? Yes No

If yes, which family members and what types of problems?

Hyperactivity/attention deficit disorder (ADHD): _____ Schizophrenia: _____

Alcoholism or drug abuse: _____ Bipolar disorder: _____

Panic attacks or phobias or anxiety: _____ Other emotional problems/nervous breakdown: _____

Depression: _____ Neurological condition: _____

Medical History

1. Do you now have, or have you had in the past, any serious, chronic or recurrent health problems or disabilities?

Yes No (circle one) If yes, please describe:

_____

Is this problem past or current? Past Current (circle one)

2. Are you currently taking medications for any physical health problems? Yes No (circle one)

If yes, please complete the following chart.

Medication Name	When Started?	Name of Prescriber	Prescribed for what symptoms?

3. List dates of any hospitalizations for physical problems:

Date Problem

_____

_____

4. When was your last physical examination by a physician? _____What was the outcome? _____

5. Do you exercise? Yes No (circle one) If yes, how often? _____

Other Background

1. Have you ever been involved in a lawsuit? Yes No (circle one)

If yes, please describe the circumstances and give dates.

2. Have you ever been arrested for a crime? Yes No (circle one)

If yes, please describe the circumstances and give dates.

3. Have you experienced any particular sources of stress in the last year? Yes No (circle one)

If yes, please explain:

4. Are there any other health care professionals (e.g. physicians, psychotherapists) who have information that might help in your treatment? Yes No (circle one)

If yes, please give details:

5. Is there any other information that would be helpful for me to know? Yes No (circle one)

If yes, please explain:

Signature

Date

AXIS I: Diagnostic Screening Tool

Initials _____

Date _____

Section I: Mood Disorders

In the **last month** has there been a period of time lasting at least 2 weeks when you:
A. felt depressed or down most of the day nearly every day? ..... Yes No
B. felt a loss of interest or pleasure in most things you normally enjoy for most of the day nearly every day?
..... Yes No

If answered "Yes" to either "A" or "B," go to this list:

Have you also experienced any of the following? Please check:

Appetite:
Loss of appetite nearly every day ..... _____
Increase in appetite nearly every day ..... _____
Change in weight in the past month:
Weight loss (not due to dieting) ..... _____ Amount lost (lbs) _____
Weight gain ..... _____ Amount gained (lbs) _____
Difficulty concentrating or indecisiveness
nearly every day ..... _____
Sleep changes:
Increase in number of hours slept
nearly every day ..... _____
Decrease in number of hours slept
nearly every day ... . _____
Recurrent thoughts of death or dying..... _____
Feeling fidgety, agitated or restless
nearly every day..... _____
Feeling slowed down, sluggish
nearly every day..... _____
Recurring thoughts of suicide, death or dying _____
Making a plan for suicide ..... _____
Taking some action toward suicide ..... _____
Fatigue or loss of energy ..... _____
Feelings of worthlessness or excessive guilt
nearly every day..... _____

Have you **ever** had at least a 2 week period when you were feeling depressed or felt a loss of interest or pleasure in most things you normally enjoyed more? ..... Yes No

Have you been bothered by depressed mood most of the day nearly every day for at least 2 years? Yes No

In the **last month**, has there been a period of time when you were feeling so good, high, excited, hyper or irritable that other people thought you were not your normal self or you got into trouble? ..... Yes No
How many days did that period of time last? ..... ____

Have you **ever** had a time when you were feeling so good, high, excited, hyper or irritable that other people thought you were not your normal self or you were so hyper that you got into trouble? ..... Yes No

Initials _____

Section II: Substance Disorders

Have you ever consumed alcohol or drugs or medications other than prescribed? ..... Yes No If no, please skip to Section III.

Please identify the substance by circling it, and specify quantity/frequency (e.g., 2 glasses of wine per day):

Substance		Amount	Frequency
Alcohol (e.g., beer, wine, hard liquor)	Current		
	Past		
Sedatives (e.g., Quaalude, Seconal, Valium, Xanax, Librium, barbiturates, Miltown, Ativan, Dalmane, Halcion, Restoril)	Current		
	Past		
Cannabis (e.g., marijuana, hashish, THC, pot, grass, weed, reefer)	Current		
	Past		
Stimulants (e.g., amphetamine, speed, crystal meth, dexadrine, Ritalin, ice)	Current		
	Past		
Opioids (e.g., heroin, morphine, opium, Methadone, Darvon, codeine, Percodan, Demerol, Dilaudid)	Current		
	Past		
Cocaine (e.g., crack, speedball)	Current		
	Past		
Hallucinogens (e.g., LSD, mescaline, peyote, psilocybin, STP, mushrooms, Ecstasy, MDMA)	Current		
	Past		
PCP (e.g., angel dust, Special K)	Current		
	Past		
Other (e.g., steroids, glue, ethyl chloride, paint, inhalants, nitrous oxide (laughing gas), amyl or butyl nitrate (poppers), nonprescription sleep or diet pills)	Current		
	Past		

Have you **ever** felt you ought to cut down on your drinking or substance use? ..... Yes No Have people annoyed you by criticizing your drinking or substance use? ..... Yes No Have you **ever** felt bad or guilty about your drinking or substance use? ..... Yes No Have you **ever** had a drink or used substances first thing in the morning to steady your nerves or to get rid of a hangover? ..... Yes No

Initials _____

In the last 6 months, please indicate whether your alcohol or substance use caused problems in any of the following areas:

Work ____
School _____
Relationships ____
Financial ___
Legal ___
Health ____
Leisure activities___

Section III: Anxiety Disorders

Have you ever had a panic attack (a sudden onset of intense fear or discomfort that reached its peak intensity within 10 minutes)? ..... Yes No

If yes, answer the following three questions:

A. Please check symptoms experienced:
Pounding, racing heart ..... ___
Fear of losing control, going crazy .. .. ___
Chest pain or discomfort ..... ___
Fear of losing control, going crazy ..... ___
Sweating ..... ___
Nausea/abdominal distress ..... ___
Fear of dying ..... ___
Trembling, shaking ..... ___
Dizzy, lightheaded or faint ..... ___
Numbness or tingling sensations ..... ___
Shortness of breath ..... ___
Feelings of unreality or detached from oneself..... ___
Chills or hot flushes ..... ___
Feelings of choking ..... ___

B. Have you ever had a panic attack that seemed to happen out of the blue or for no apparent reason? .....Yes No

C. Has the panic attack been followed by persistent concern about having additional attacks, worry about the implications or consequences of the attack, or a significant change in behavior related to the attacks? .....Yes No

Do you avoid or feel afraid of being in places or situations in which you may experience panic-like symptoms (e.g., being in crowds, standing in line, or traveling on buses or trains or airplanes)? ..... Yes No

Do you avoid or feel very fearful in social or performance situations (e.g., public speaking, parties, dating) because you think you will humiliate or embarrass yourself or be judged negatively by others? ... Yes No

Are there other things or situations that you are extremely fearful of such as flying, seeing blood, getting an injection, heights, small enclosed places or certain kinds of animals or insects? ..... Yes No
If yes, please specify:

Initials _____

In the last six months, have you worried excessively more days than not about a number of future events or activities and found it difficult to control that worry? ..... Yes No

Are you bothered by thoughts, impulses or images that are extremely uncomfortable (e.g., hurting someone against your will, or being contaminated by germs) and keep coming back even when you try to not have them? ..... Yes No

Do you feel driven to continually repeat a behavior (e.g., washing, saying certain phrases in your mind, putting things in a particular order or checking locks, stoves, lights, etc...) and have difficulty resisting the urge to do so? ..... Yes No

Have you ever experienced or witnessed an event that involved actual or threatened death or serious injury to yourself or another person? ..... Yes No

Have you ever experienced sexual abuse or assaults? ..... Yes No

Have you ever had sexual contact with someone that you did not want? ..... Yes No

If you were physically disciplined as a child, were you ever injured as a result? ..... Yes No

If yes, did your response to the event involve intense fear, helplessness or horror? ..... Yes No

Section IV: Other

Have you had any unusual experiences such as:

hearing or seeing things that other people did not seem to hear or see? ..... Yes No

Have you ever believed that people were spying on you, out to get you, making plans to hurt you or following you? ..... Yes No

Have you ever believed that people were sending you special messages through the newspaper, radio, TV or internet? ..... Yes No

Over the last several years, have you frequently gone to see your physician for physical problems? . Yes No

Do you frequently worry that you have a serious medical problem even when a doctor tells you otherwise? ..... Yes No

Are you preoccupied with a defect in your appearance (e.g., your height, the shape of your nose, amount of hair loss)? ..... Yes No

Have you ever had a time when you weighed much less than other people thought you ought to weigh? ..... Yes No

At that time were you very afraid that you could become fat?..... Yes No

Have you often had times when you felt your eating was out of control? ..... Yes No

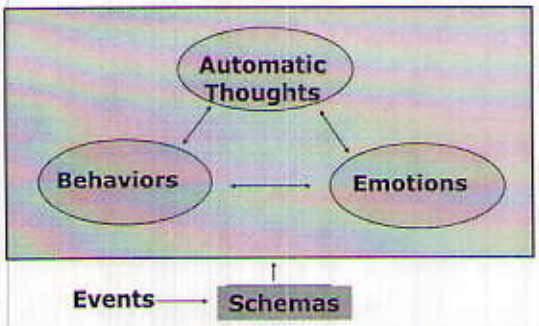
Have you ever made yourself vomit, used laxatives or exercised a lot to prevent weight gain? ..... Yes No

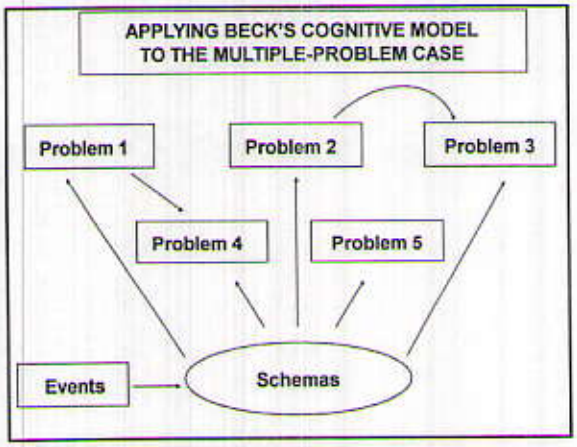
Do you have a history of difficulties with paying attention, being easily distracted, losing things or organizing tasks or activities? ..... Yes No

Do you have a history of feeling restless when you're sitting still, interrupting others, blurting out things you wish you could take back, difficulty doing leisure activities quietly or acting without first thinking? ..... Yes No

Exercise: Develop an Initial Formulation of the Case of Judy using Beck's cognitive model

Beck's Cognitive Theory of Depression





Judy Case Formulation Exercise

Problem List

1.

2.

3.

4.

5.

Automatic thoughts

Behaviors

Emotions

Dysfunctional beliefs (if-then)

Schemas

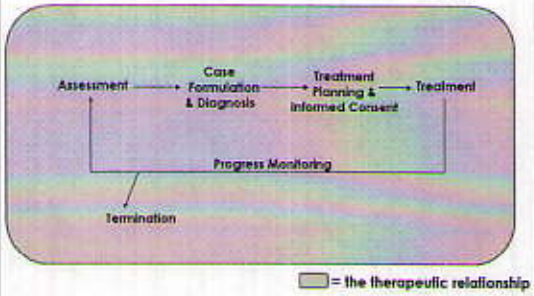
Self

Others

World

Progress Monitoring

Case Formulation-driven Cognitive-behavior Therapy



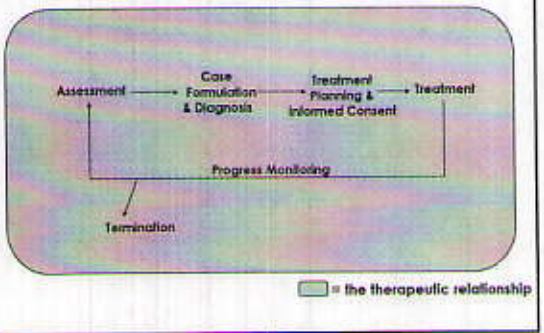
Progress Monitoring

- **WHY monitor**
- **WHAT to monitor**
- **HOW to monitor**

WHY Monitor?

- **Essential to evidence-based practice**
- **Better clinical decision-making**
- **Better outcomes**
- **Refine the formulation and treatment (learn what helps)**
- **Opportunity to contribute to science**

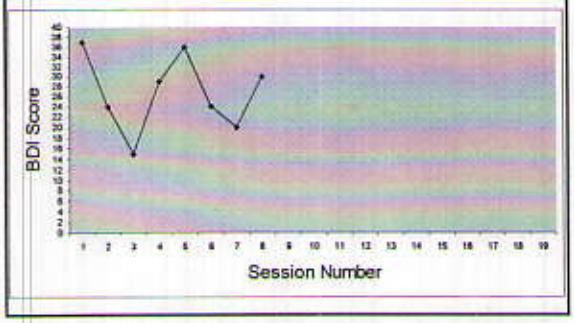
Case Formulation-driven Cognitive-behavior Therapy



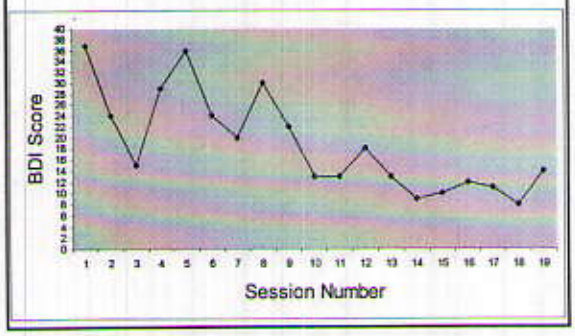
WHY Monitor?

- Essential to evidence-based practice
- **Better clinical decision-making**
- Better outcomes
- Refine the formulation and treatment (learn what helps)
- Opportunity to contribute to science

Using Outcome Monitoring to Identify a Successful Treatment



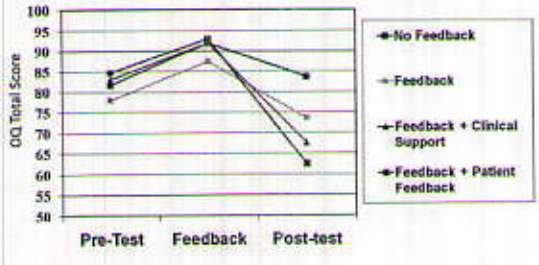
Using Outcome Monitoring to Identify a Successful Treatment



WHY Monitor?

- Essential to evidence-based practice
- Better clinical decision-making
- Better outcomes
- Refine the formulation and treatment (learn what helps)
- Opportunity to contribute to science

Providing Feedback to Therapists Improves Outcome of Patients Who Have Early Poor Outcome



Lambert et al. J Clin Psychol 61:165-174, 2005

WHY Monitor?

- Essential to evidence-based practice
- Better clinical decision-making
- Better outcomes
- Refine the formulation and treatment (learn what helps)
- Opportunity to contribute to science

Interview with Dr. Beck

WHY Monitor?

- Essential to evidence-based practice
- Better clinical decision-making
- Better outcomes
- Refine the formulation and treatment (learn what helps)
- Opportunity to contribute to science

Progress Monitoring

- WHY monitor
- WHAT to monitor
- HOW to monitor

WHAT to Monitor

- Outcome
- Process
  - Mechanisms
  - Relationship
  - Adherence

Progress Monitoring

- WHY monitor
- WHAT to monitor
- HOW to monitor

HOW to Monitor

- Using the DASS to monitor outcome
- Using self-monitoring tools to monitor outcome and process
- Using the Therapy Session Log to monitor process

HOW to Monitor

- **Using the DASS to monitor outcome**
- **Using self-monitoring tools to monitor outcome and process**
- **Using the Therapy Session Log to monitor process**

Depression Anxiety Stress Scale (DASS)

- Lovibond, S.H. & Lovibond, P.F. (1995). *Manuel for the Depression Anxiety Stress Scales.* (2nd. Ed.) Sydney: Psychology Foundation.
- In the public domain
- 21 and 42- item versions
- We are using the 21 item version to which we added two suicide items

The patient completes the scale in the waiting room before each session

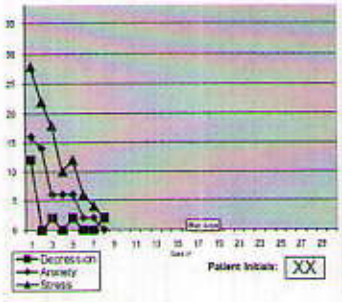
Psychometrics of the DASS
(clinical samples)

- **Good temporal stability (test-retest reliability = .71 to .81 over a 2-wk interval)**
- **High internal consistency**
- **Little overlap of scales (consistent with the tripartite model)**
- **Adequate convergent and discriminant validity with other measures of depression and anxiety**

The DASS is Clinically Useful

- **Completed in 2 to 3 minutes**
- **Scored in less than 1 minute using a free Excel document**
- **Suitable for most outpatients**
- **Responsive to changes due to treatment**

Collect and plot DASS subscale scores at every session



You are invited to use the DASS

Go to www.practiceground.org to download the measure and Excel scoring document

DASS Demonstrations

- **Demo of the DASS scoring document**
- **Video demo of collecting and scoring the DASS**

HOW to Monitor

- **Using the DASS to monitor outcome**
- **Using self-monitoring tools to monitor outcome and process**
- **Using the Therapy Session Log to monitor process**

Video Demonstration of Self-monitoring

- **Marsha Linehan demonstrates introducing the Diary Card**

HOW to Monitor

- **Using the DASS to monitor outcome**
- **Using self-monitoring tools to monitor outcome and process**
- **Using the Therapy Session Log to monitor process**

Collecting data from the resistant patient

- **Video demonstration (Linehan)**
- **Exercise**

DASS21

Date:

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to me at all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree, or a good part of time
3 Applied to me very much, or most of the time

1	I found it hard to wind down	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	I found it difficult to work up the initiative to do things	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	I experienced trembling (eg, in the hands)	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	I found myself getting agitated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I felt down-hearted and blue	0	1	2	3
14	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
15	I felt I was close to panic	0	1	2	3
16	I was unable to become enthusiastic about anything	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	I felt that life was meaningless	0	1	2	3
22	I thought about death or suicide	0	1	2	3
23	I wanted to kill myself	0	1	2	3

Week of _____

Session Note and Homework Practice Log

Assignment	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Session note: *What did we discuss? What's one thing I want to remember?*

Session feedback: *What did you find helpful or unhelpful? What seemed unclear?*

Comments about the homework: *What do I want to mention next session?*

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Readings on Case Formulation and Progress Monitoring

Eells, T. D. (Ed.). (2007). *Handbook of psychotherapy case formulation* (2nd ed.). New York: Guilford.

Haynes, S. N., & O'Brien, W. H. (2000). *Principles and practice of behavioral assessment*. New York: Kluwer Academic/Plenum Publishers.

Hersen, M., & Porzelius, L. K. (Eds.). (2002). *Diagnosis, conceptualization, and treatment planning for adults: A step-by-step guide*. Mahwah: Lawrence Erlbaum Associates.

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Turkat, I. D., & Maisto, S. A. (1985). Personality disorders: Application of the experimental method to the formulation and modification of personality disorders. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders: A step-by-step treatment manual.* (pp. 502-570). New York, NY: Guilford.