The Case Formulation Approach to Cognitive Behavior Therapy

Jacqueline B. Persons, Ph.D.
Oakland Cognitive Behavior Therapy Center
University of California, Berkeley

Icelandic Association for Cognitive and Behavioural Therapies
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The Case Formulation Approach to Cognitive Behavior Therapy
Day 1

- Mr. "It might be cancer"
- Why do case formulation-guided CBT?
- Empirical support
- Developing formulations and using them to guide intervention
  - Case-level formulation
  - Disorder-level formulation
  - Symptom/behavior-level formulation

The Case Formulation Approach to Cognitive Behavior Therapy

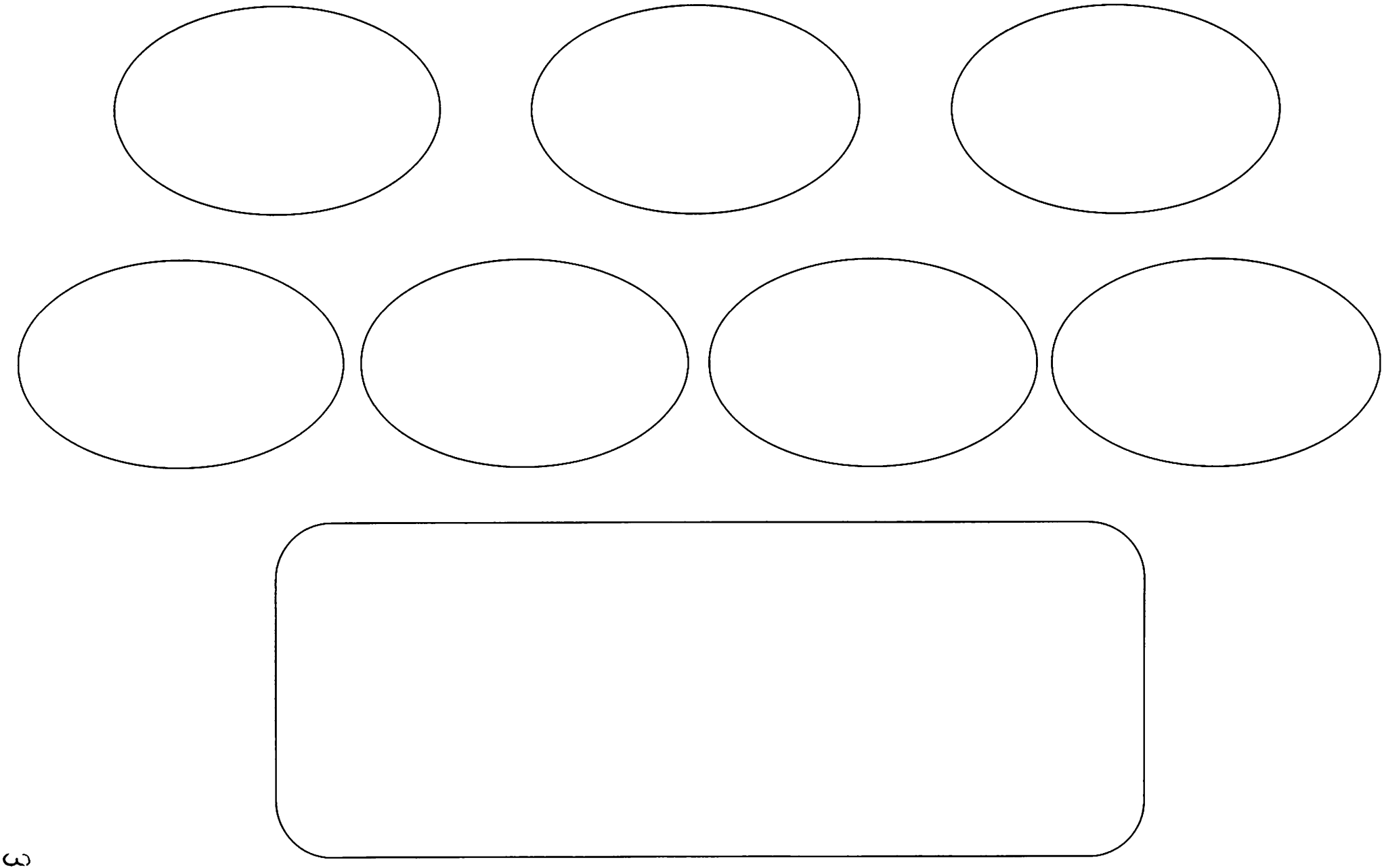
Day 2

- Transdiagnostic mechanisms
- Steps to develop a case formulation
- Setting treatment goals
- Solving problems
- Progress monitoring
- The therapeutic relationship

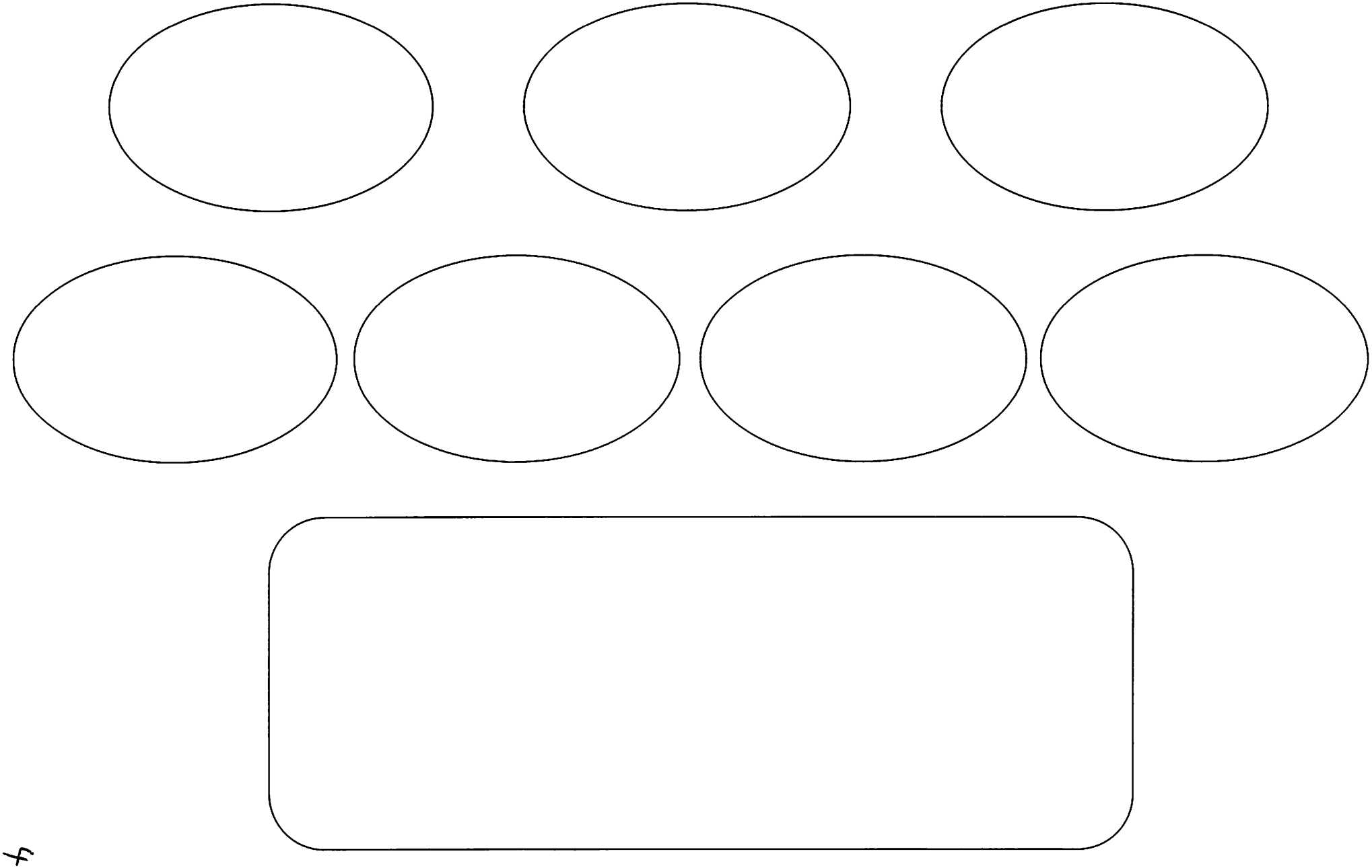
Action Items

- _____
- _____
- _____
- _____

Case Formulation for _____



Case Formulation for _____



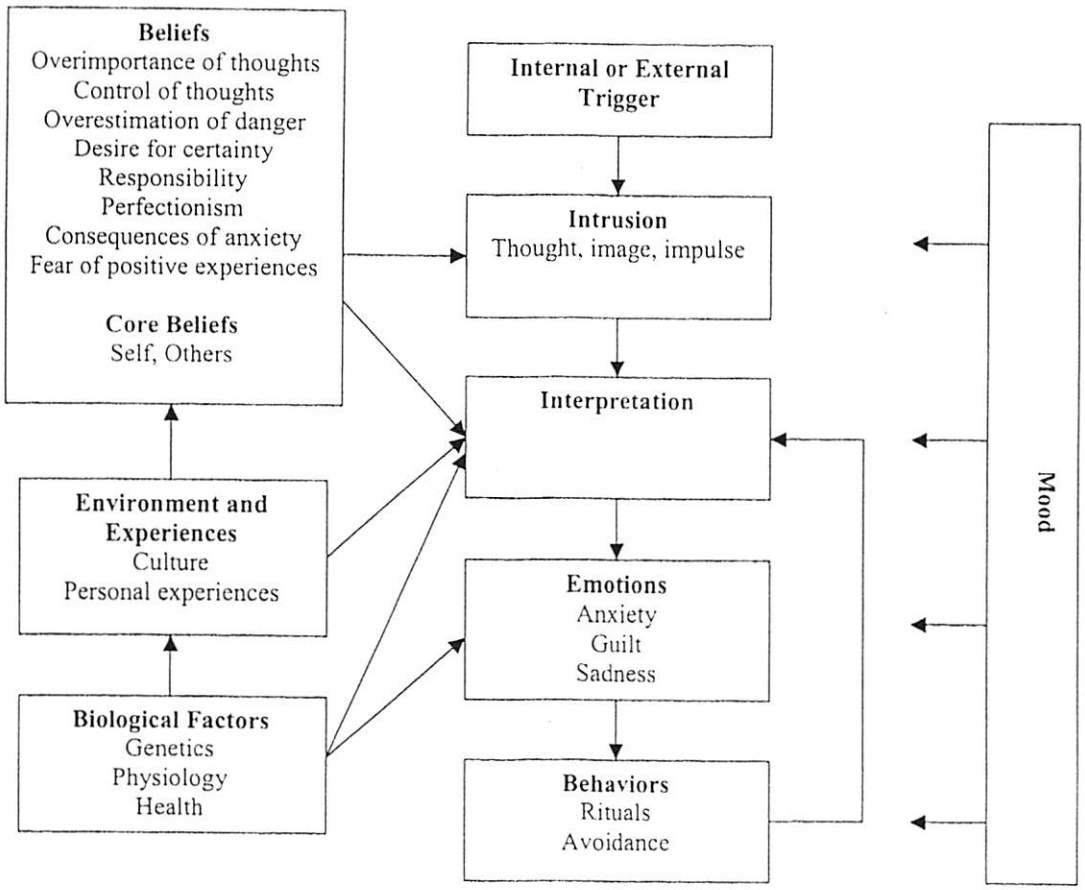
ACTIVITY SCHEDULE

	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							

Thought Record

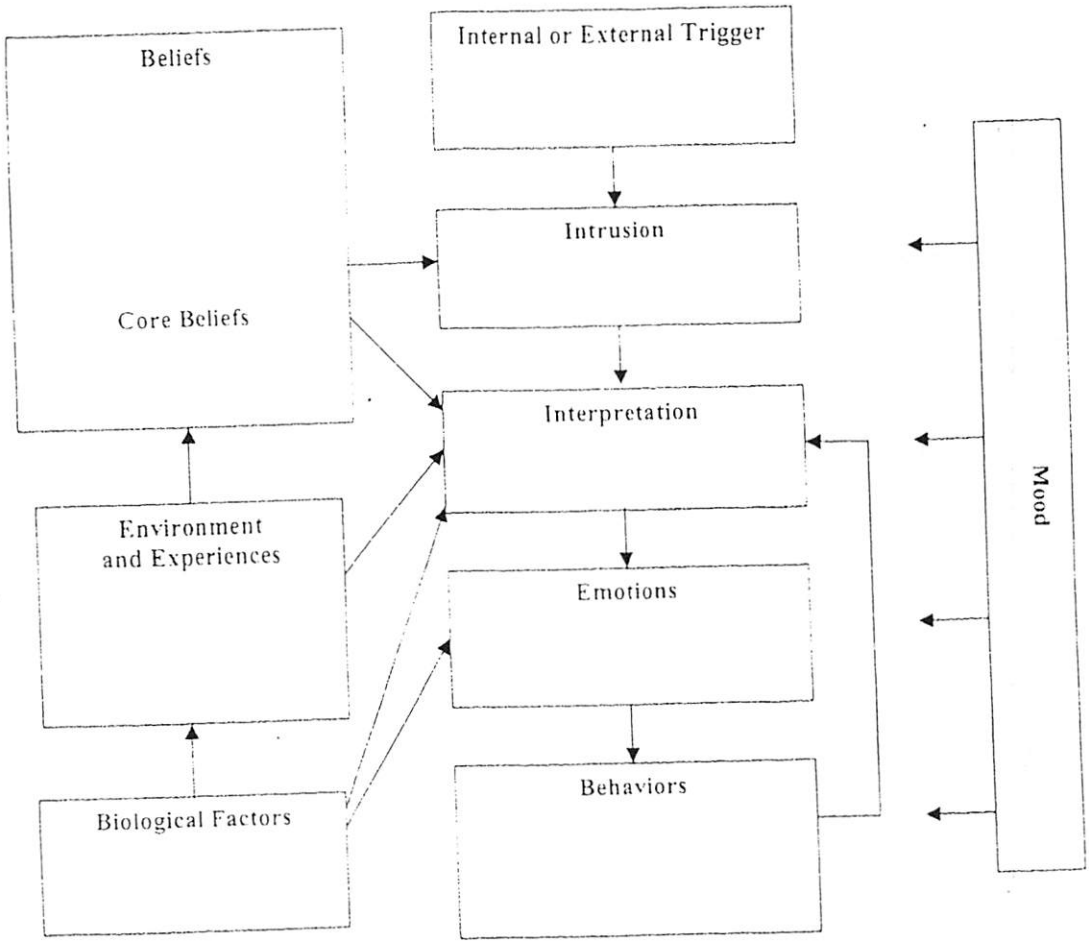
DATE	SITUATION (Event, memory, attempt to do something, etc.)	BEHAVIOR(S)	EMOTIONS	THOUGHTS	COPING RESPONSES

COGNITIVE MODEL OF OCD

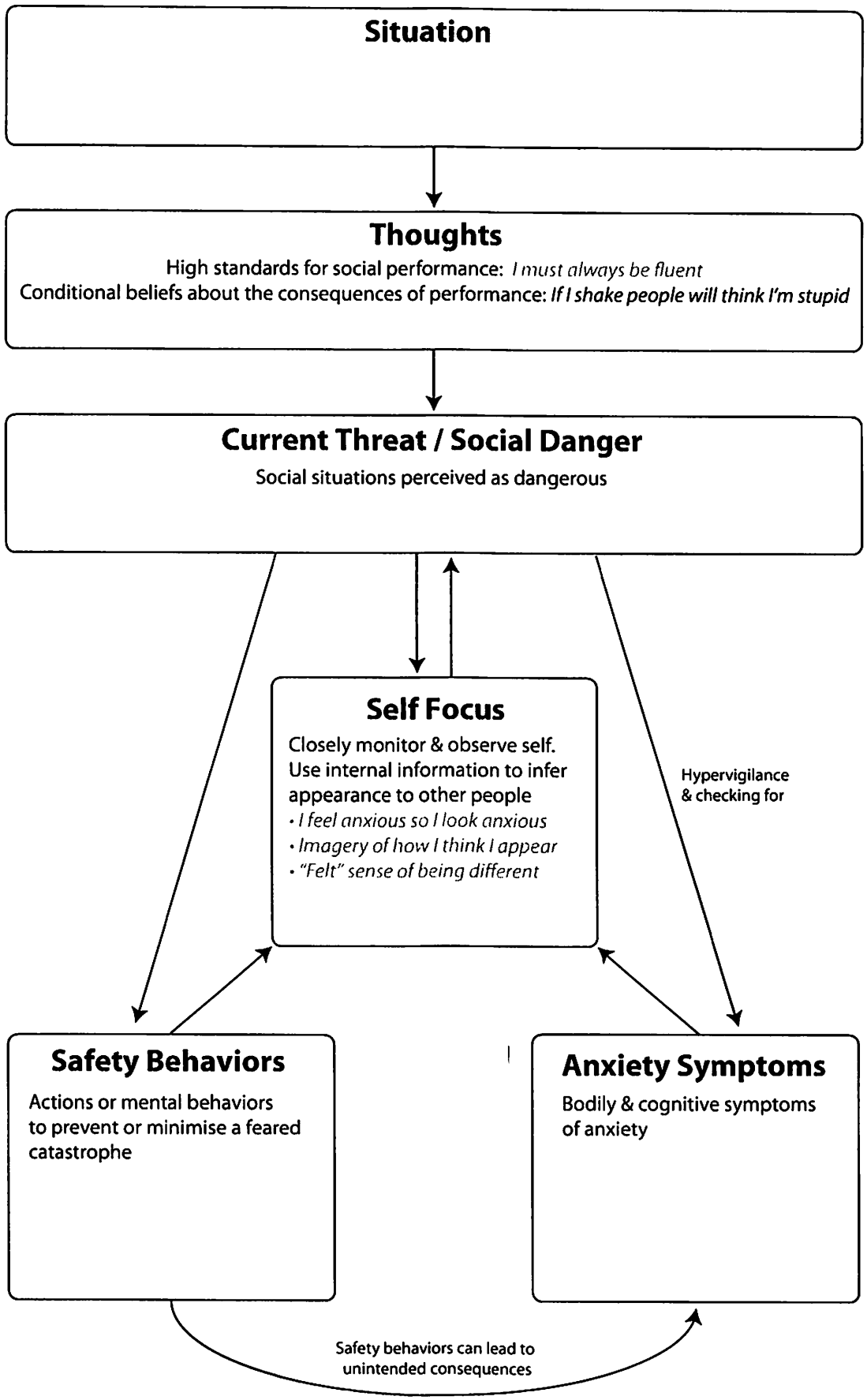


COGNITIVE MODEL OF OCD—BLANK FORM

Patient's Name: _____ Date: _____

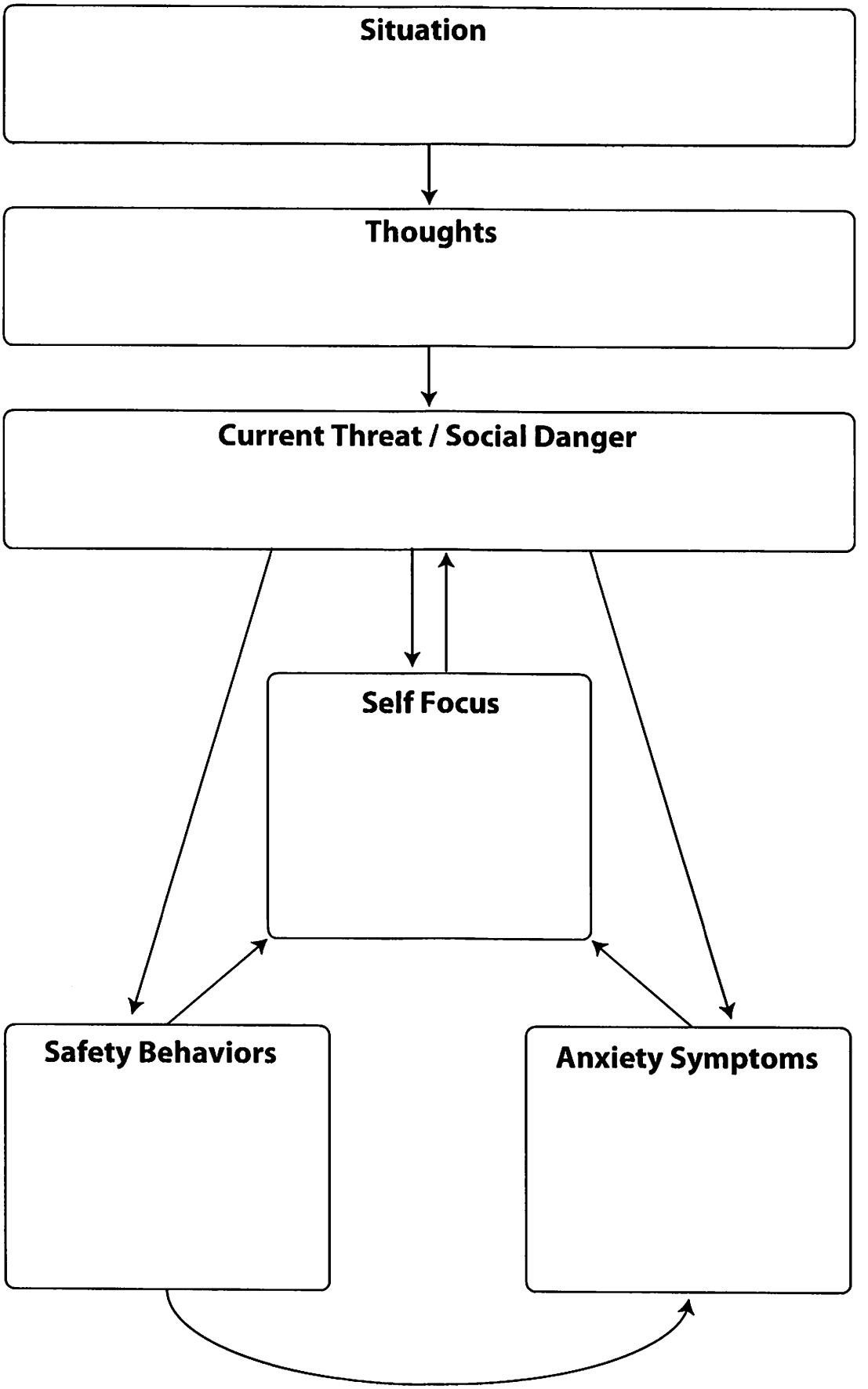


Cognitive Model of Social Anxiety



Adapted from: Clark, D. M. & Wells, A. (1995). A cognitive model of social phobia. In R. Heimberg, M. Liebowitz, D. A. Hope, & F. R. Schneier (Eds.), Social phobia: Diagnosis, assessment and treatment. (pp. 69–93). New York: Guilford Press.

Cognitive Model of Social Anxiety



A – B- C Log

Time	Date	A	B	C

Chain Analysis

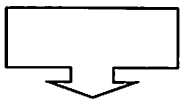
Describe the problem behavior in detail _____

What things in myself or my environment made me vulnerable?

_____

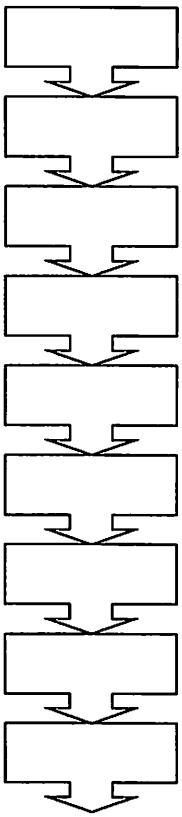
_____

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 _____

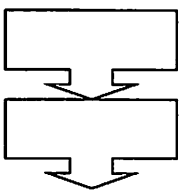
7th _____

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.

Chain Analysis

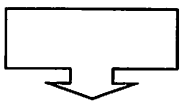
Describe the problem behavior in detail _____

What things in myself or my environment made me vulnerable?

_____

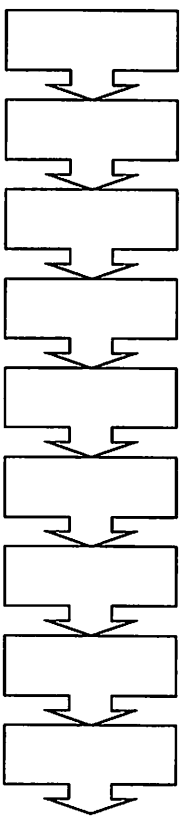
_____

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 _____

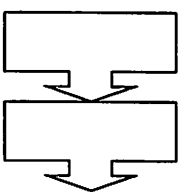
7th _____

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.

Standardized Scales for Assessing Problems and Mechanisms

Collections of Measures

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.

Fischer, J., & Corcoran, K. (2007). *Measures for clinical practice and research: A sourcebook* (Vol. 1 (Couples, Families, Children). Oxford: Oxford University Press.

Fischer, J., & Corcoran, K. (2007). *Measures for clinical practice and research: A sourcebook* (Vol. 2 (Adults). Oxford: Oxford University Press.

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/Plenum Publishers.

Mechanism Assessment Tools

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. (reprinted in Antony et al., above)

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. (reprinted in Nezu et al., above)

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. (OBQ44 and an excel scoring document are posted at https://oaklandcbt.com/forms-and-tools-for-clinicians)

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. (ASI and ASI-revised are reprinted in Antony et al. above)

Freeston, M. H., Rheaume, J., Letarte, H., Dugas, J. J., & Ladouceur, R. (1994). Why do people worry? *Personality and Individual Differences, 17*, 791-802. (Paper about Intolerance of Uncertainty Scale, which is reprinted in Antony et al., above)

Young Schema Questionnaire (YSQ). A paper-and-pencil self-report tool that assesses the 18 maladaptive schemas described by Jeffrey Young's Schema Theory. Available at: www.schematherapy.com

GOALS

A list of clear and concrete goals for our work together will help us stay focused and evaluate our progress. And the goals can serve as motivators. Please review these examples and write a draft list of your own goals that we can review together. Of course, the content of your goals may differ from the ones here. List as few or as many goals as you want.

Instead of the general goal of...	...write a more specific version
To "get a life"	To meet a new person and do something fun with that person, and to get to work on time every day this month
To have more friends	To meet 3 new people over the summer and invite them for coffee/movie/dinner
To be more socially active	To attend 3 social events this month
To recover from OCD	To spend less than 1 hour a day obsessing and ritualizing
To get in shape	To do some form of exercise 3x/week
To stop being a worrier	To spend less than 20 minutes per day worrying
To feel less depressed	To score in the normal range on a scale of symptoms of depression

Date _____

My therapy goals are:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

This form is adapted from one developed by Kimberly Wilson, Ph.D.

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✓" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

PATIENT HEALTH QUESTIONNAIRE PHQ-9 FOR DEPRESSION

USING PHQ-9 DIAGNOSIS AND SCORE FOR INITIAL TREATMENT SELECTION

A depression diagnosis that warrants treatment or treatment change, needs at least one of the first two questions endorsed as positive *(little pleasure, feeling depressed)* indicating the symptom has been present more than half the time in the past two weeks.

In addition, the tenth question about difficulty at work or home or getting along with others should be answered at least "somewhat difficult."

When a depression diagnosis has been made, patient preferences should be considered, especially when choosing between treatment recommendations of antidepressant treatment and psychotherapy.

PHQ-9 Score	Provisional Diagnosis	Treatment Recommendation
5-9	Minimal symptoms*	Support, educate to call if worse; return in 1 month.
10-14	Minor depression ††	Support, watchful waiting
	Dysthymia*	Antidepressant or psychotherapy
	Major depression, *mild*	Antidepressant or psychotherapy
15-19	Major depression, *moderately severe*	Antidepressant or psychotherapy
≥ 20	Major depression, *severe*	Antidepressant and psychotherapy (especially if not improved on monotherapy)

* If symptoms present ≥ two years, then probable chronic depression which warrants antidepressant or psychotherapy (ask, *"In the past 2 years have you felt depressed or sad most days, even if you felt okay sometimes?"*).

†† If symptoms present ≥ one month or severe functional impairment, consider active treatment.

USING THE PHQ-9 TO ASSESS PATIENT RESPONSE TO TREATMENT

- The goal of acute phase treatment is remission of symptoms as indicated by a PHQ-9 Score of < 5 points.
- Patients who achieve this goal enter into the continuation phase of treatment.
- Patients who do not achieve this goal remain in acute phase treatment and require some alteration in treatment (dose increase, augmentation, combination treatment).
- Patients who do not achieve remission after two adequate trials of antidepressant and/or psychological counseling or by 20 to 30 weeks would benefit from a formal or informal psychiatric consultation for diagnostic and management suggestions.

Initial Response after Four - Six weeks of an Adequate Dose of an Antidepressant		
PHQ-9 Score	**Treatment Response**	**Treatment Plan**
Drop of ≥ 5 points from baseline	Adequate	No treatment change needed. Follow-up in four weeks.
Drop of 2-4 points from baseline.	Probably Inadequate	Often warrants an increase in antidepressant dose
Drop of 1-point or no change or increase.	Inadequate	Increase dose; Augmentation; Switch; Informal or formal psychiatric consultation; Add psychological counseling
Initial Response to Psychological Counseling after Three Sessions over Four - Six weeks		
PHQ-9 Score	**Treatment Response**	**Treatment Plan**
Drop of ≥ 5 points from baseline	Adequate	No treatment change needed. Follow-up in four weeks.
Drop of 2-4 points from baseline.	Probably Inadequate	Possibly no treatment change needed. Share PHQ-9 with psychological counselor.
Drop of 1-point or no change or increase.	Inadequate	If depression-specific psychological counseling (CBT, PST, IPT*) discuss with therapist, consider adding antidepressant. For patients satisfied in other type of psychological counseling, consider starting antidepressant For patients dissatisfied in other psychological counseling, review treatment options and preferences

** CBT – Cognitive-Behavioral Therapy; PST – Problem Solving Treatment; IPT – Interpersonal Therapy*

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(For office coding: Total Score T____ = ____ + ____ + ____)

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

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 (e.g., 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 (e.g., 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 (e.g., 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

JOURNAL OF BEHAVIOR THERAPY AND EXPERIMENTAL PSYCHIATRY

FREE Full Text Article

PMC full text: J Behav Ther Exp Psychiatry. 2011 Jun; 42(2): 225–232.
doi: 10.1016/j.jbtep.2010.12.003

Instruction: In this questionnaire, you will be asked to describe how you *typically* think about negative experiences or problems. Please read the following statements and rate the extent to which they apply to you when you think about negative experiences or problems.

		never	rarely	sometimes	often	almost always
1.	The same thoughts keep going through my mind again and again.	0	1	2	3	4
2.	Thoughts intrude into my mind.	0	1	2	3	4
3.	I can't stop dwelling on them.	0	1	2	3	4
4.	I think about many problems without solving any of them.	0	1	2	3	4
5.	I can't do anything else while thinking about my problems.	0	1	2	3	4
6.	My thoughts repeat themselves.	0	1	2	3	4
7.	Thoughts come to my mind without me wanting them to.	0	1	2	3	4
8.	I get stuck on certain issues and can't move on.	0	1	2	3	4
9.	I keep asking myself questions without finding an answer.	0	1	2	3	4
10.	My thoughts prevent me from focusing on other things.	0	1	2	3	4
11.	I keep thinking about the same issue all the time.	0	1	2	3	4
12.	Thoughts just pop into my mind.	0	1	2	3	4
13.	I feel driven to continue dwelling on the same issue.	0	1	2	3	4
14.	My thoughts are not much help to me.	0	1	2	3	4
15.	My thoughts take up all my attention.	0	1	2	3	4

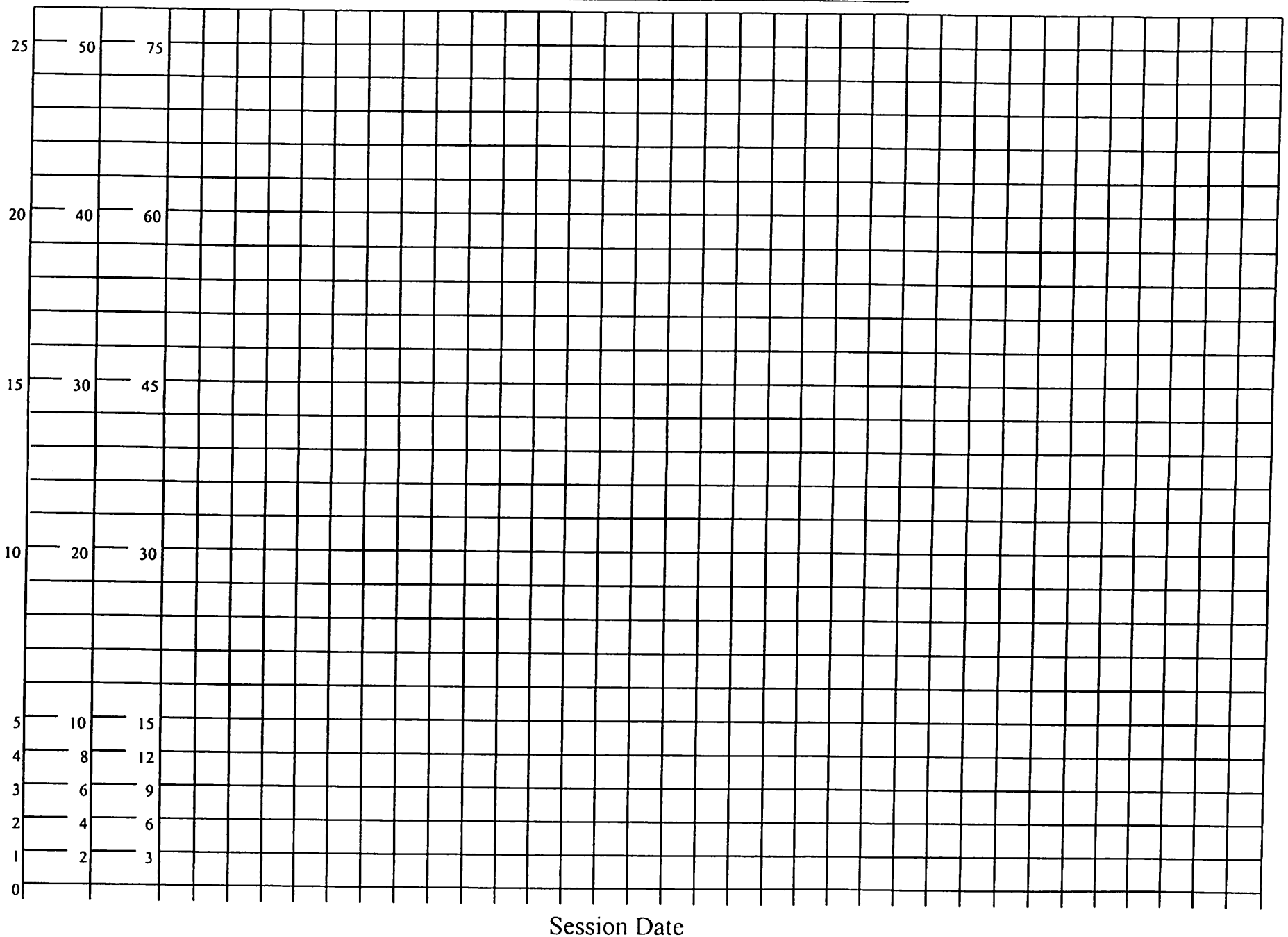
MONTH:

MOOD CHART

NAME:

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Med:																															
Med:																															
Med:																															
NOTES																															
Elevation Severe																															
Mod																															
Mild																															
MOOD NL																															
Depression Mild																															
Mod																															
Severe																															
SLEEP (Hrs) 0																															
2																															
4																															
6																															
8																															
10																															
12																															
14																															
ENERGY or **ACTIVITY** High																															
NL																															
Low																															
_____ High																															
NL																															
Low																															
Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Progress Plot for _____



Session Assignment and Feedback Form (SAFF)

Today's Date _____ Next Session _____

Assignments	M	Tu	W	Th	F	Sa	S

Please complete during or immediately after the session

What are 1 or 2 things you want to remember from the session?

_____

_____

_____

_____

_____

In the session	Not at all	A little	Moderately	Quite a bit	Very much	Extremely
1. I felt uncomfortable with my therapist.	0	1	2	3	4	5
2. My therapist and I were in total agreement about how we worked on my problems.	0	1	2	3	4	5
3. I felt confident that I made progress toward my therapy goals.	0	1	2	3	4	5
4. I felt certain that my therapist and I were in complete agreement about my therapy goals.	0	1	2	3	4	5

Please complete just before the next session

	I didn't do any	Not at all	A little	Moderately	Quite a bit	Very much	Completely
How helpful were any of the assignments you did?		0	1	2	3	4	5

What skills did you use during the last week?

- ☐ Mindfulness
- ☐ Self-care
- ☐ Focus on the CB model of your problems
- ☐ Self-monitoring
- ☐ Activity scheduling
- ☐ Problem-solving
- ☐ Opposite action
- ☐ Access social support
- ☐ Test/change thoughts/beliefs
- ☐ Interpersonal effectiveness
- ☐ Acceptance
- ☐ Focus on goals and values
- ☐ Focus on positives
- ☐ Other: _____
- ☐ None

	Not at all	A little	Moderately	Quite a bit	Very much	Completely
Are you confident you can use these skills when you need them?	0	1	2	3	4	5

What do you want to discuss next session?

_____

_____

Readings on Case Formulation, Progress Monitoring, and Hypothesis-testing in Psychotherapy

Gawande, A. (2007). The bell curve. In *Better*. (pp. 201-230). New York: Metropolitan Books.

Hayes, S. C. (1981). Single case experimental design and empirical clinical practice. *Journal of Consulting and Clinical Psychology, 49*(2), 193-211.

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

Kazdin, A. E. (2001). *Behavior modification in applied settings (6th ed.)*. Belmont: Wadsworth/Thomson Learning.

Kohlenberg, R. J., & Tsai, M. (1991). *Functional analytic psychotherapy: Creating intense and curative therapeutic relationships*. New York, NY: Plenum Press.

Kuyken, W., Padesky, C. A., & Dudley, R. (2009). *Collaborative case conceptualization*. New York: Guilford.

Lambert, M. J., Harmon, C., Slade, K., Whipple, J. L., & Hawkins, E. J. (2005). Providing feedback to psychotherapists on their patients' progress: Clinical results and practice suggestions. *Journal of Clinical Psychology, 61*, 165-174.

Lewis, C. C., Boyd, M., Puspitasari, A., Navarro, E., Howard, J., Kassab, H., . . . Douglas, S. (2018). Implementing measurement-based care in behavioral health: A review. *JAMA Psychiatry*, E1-E12.

Persons, J. B. (2007). Psychotherapists collect data during routine clinical work that can contribute to knowledge about mechanisms of change in psychotherapy. *Clinical Psychology: Science and Practice, 14*(3), 244-246.

Persons, J. B. (2008). *The case formulation approach to cognitive-behavior therapy*. New York: Guilford.

Persons, J. B. (2018). Simultaneous practice and research: A model for conducting research in private practice. In R. T. C. III (Ed.), *Practice-Based Research: A Guide for Clinicians* (pp. 153-169). New York: Taylor & Francis/Routledge.

Persons, J. B., Beckner, V. L., & Tompkins, M. A. (2013). Testing case formulation hypotheses in psychotherapy: Two case examples. *Cognitive and Behavioral Practice, 20,* 399-409.

Persons, J. B., & Hong, J. J. (2016). Case formulation and the outcome of cognitive behavior therapy. In N. Tarrier & J. Johnson (Eds.), *Case formulation in cognitive behaviour therapy* (2nd ed., pp. 14-37). London: Routledge.

Persons, J. B., & Mikami, A. Y. (2002). Strategies for handling treatment failure successfully. *Psychotherapy: Theory/Research/Practice/Training, 39*, 139-151.

Persons, J. B., & Tompkins, M. A. (2007). Cognitive-behavioral case formulation. In T. D. Eells (Ed.), *Handbook of psychotherapy case formulation* (Second ed., pp. 290-316). New York: Guilford.

Persons, J. B., Tompkins, M. A., & Davidson, J. (2000). *Cognitive-behavior therapy for depression: Individualized case formulation and treatment planning* [DVD]. Washington, DC: American Psychological Association.

Turkat, I. D., & Brantley, P. J. (1981). On the therapeutic relationship in behavior therapy. *The Behavior Therapist*.