MSE/Formulation Assessment Guide

The Role of the MSE and Case Formulation

A Mental Status Examination (MSE) and Case Formulation are core clinical skills that allow psychologists to assess client presentation, synthesise information, and develop a meaningful understanding of client needs. Together, they provide a structured way to assess mental state and a framework to guide intervention planning.

The MSE is recognised as valuable in several keyways:

1. **Diagnostic Assessment**
   An MSE aids in the diagnostic process by providing detailed information about a person's current mental health. It supports clinicians in identifying the presence and nature of psychiatric symptoms, mental disorders, or cognitive impairments.

2. **Treatment Planning**
   Information gathered during the MSE informs the development of effective treatment plans. By understanding a client's mental state, clinicians can tailor interventions to address specific symptoms and challenges.

3. **Monitoring Change**
   Repeated MSEs allow clinicians to monitor fluctuations in a client's mental health over time. This is especially important when evaluating treatment effectiveness and making timely adjustments to interventions.

4. **Risk Assessment**
   The MSE provides an opportunity to evaluate potential risks, such as suicidal or homicidal ideation, hallucinations, or delusions. These observations are critical in determining levels of risk and implementing appropriate safety measures.

5. **Communication and Collaboration**
   As a standardised, structured tool, the MSE enables mental health professionals to communicate consistently and effectively about a client's mental state. This facilitates collaboration across members of a multidisciplinary team.

6. **Documentation and Research**
   In both clinical and research settings, the MSE provides a structured method for recording mental health observations. It is widely used to collect standardised data for research purposes, while also serving as a comprehensive clinical record that supports continuity of care.

MSE/Formulation Assessment Expectations

During Placement A and B, Students are required to demonstrate competency through completion of one (1) MSE/Formulation presentation as part of their assessment tasks per placement block (totaling 2). Supervisors are expected to support students by providing feedback, observing performance, and ensuring accuracy and ethical practice.

Assessment Format

Unlike written assignments, the MSE/Formulation assessment is **presented orally** to a supervisor. This format is designed to develop and assess the ability to:

- **Present client work succinctly and coherently**.
- **Link theory and practice** in a structured and clinically useful way.
- **Communicate effectively** in a style that mirrors real-world professional tasks (e.g., presenting a case to a colleague or explaining a formulation to a client).

This is not just a "tick-box" exercise; the aim is to build skills in conceptualisation, efficiency, and professional communication, while creating opportunities for supervision to strengthen and refine your clinical work.

Practical Guidance - For tips for completing MSE/Formulation presentations with your supervisor, please watch this video.

Efficiency and Scope

- Aim to prepare your MSE and formulation presentation in **~1 hour**, using **5–6 slides maximum**.
- Focus on succinctness: fewer, clearer slides are better than over-detailed ones.
- Use the **provided presentation template** to keep content structured and manageable.

Slide Preparation

- The **Formulation slide** may be presented as a diagram (boxes and arrows) showing links between presenting problems, predisposing, precipitating, perpetuating, and protective factors.
- If diagrams aren't possible, a verbal/dot point formulation is acceptable.
- **Don't write full scripts on slides**. Use dot points or prompts and expand verbally.

- The **MSE slide** should contain only the key domains (appearance, mood, affect, thought, speech, etc.), which you then speak to.

Choosing Cases

- Select clients where you would benefit from **supervisory input**, rather than "easy" or straightforward cases.
- The process should be collaborative: you present your current understanding, and supervision refines and strengthens it.

Supervisor Discussion

- Presentations are designed to spark discussion. Supervisors may provide feedback on your conceptualisation, highlight ethical or clinical considerations, or guide improvements.
- Efficiency matters: concise presentations create more time for meaningful supervision dialogue.

Ethical and Professional Considerations

- Always obtain informed consent from clients before using case material for placement tasks.
- Ensure confidentiality and remove identifying details from written work.
- Maintain professional, respectful language when documenting observations.
- Reflect on your own reactions and biases during MSE and formulation and bring these to supervision.
- In developing and reporting your MSE/Formulation, you should also consider cultural factors and demonstrate awareness and sensitivity to the patient's cultural background. Carefully consider how cultural factors may influence the presentation of their mental health symptoms.

Components of a Mental Status Examination (MSE)

When conducting and presenting an MSE, the following components should be covered. These can be combined where appropriate, and the order of presentation is flexible

Domain	Guidance
Appearance and Behaviour	• Describe overall appearance, grooming, posture, and eye contact. • Observe and report any unusual or notable behaviours.
Speech and Language	• Evaluate rate, tone, volume, fluency, and clarity of speech.

	• Note abnormalities such as tangential speech, neologisms, pressured speech, or poverty of speech.
Mood	• Identify the predominant reported mood (e.g., happy, sad, anxious) and specify the client's time frame (e.g., "past few days," "this week"). • Note mood fluctuations or incongruence with expressed thought content.
Affect	• Describe the quality, intensity, and range of affect • Identify features such as restricted, constricted, flat, blunted, or labile affect, using terms accurately. • Recognise and report incongruence between affect and reported mood.
Thought Process	• Evaluate organisation and coherence of thoughts. • Note features such as thought blocking, loosening of associations, flight of ideas, tangentiality, magical thinking, overvalued ideas, or formal thought disorder.
Thought Content	• Explore for delusions, obsessions, ruminations, and preoccupations • Identify suicidal or homicidal ideation and assess severity, likelihood, and risk with evidence-based factors.
Perception	• Assess hallucinations, illusions, or perceptual disturbances. • Document modality (auditory, visual, tactile, olfactory) and content.
Cognition	• Evaluate orientation to time, place, and person. • Consider attention, concentration, memory, and executive functioning.
Insight and Judgment	• Assess insight into mental health and reported difficulties. • Comment on judgment and decision-making abilities.
Reliability and Cooperation	• Evaluate willingness and ability to engage in the assessment. • Consider the reliability of the information provided.

Risk	• Provide a statement on risk of self-harm or suicide, referencing evidence-based factors and client history/presentation. • Provide a statement on risk of harm to others, linking to evidence-based factors and client context
Overall Impression	• Summarise the client's mental state. • Consider severity, persistence, and impact of symptoms on daily functioning.

Components of a Formulation

The case formulation should be explicitly grounded in the theoretical framework guiding the planned intervention. This means using the terminology, psychological structures, and key processes of the chosen approach (e.g., CBT, ACT, DBT), alongside any other relevant factors identified in the client's presentation.

The relationships between the various elements of the formulation should be clearly described, showing how they connect and contribute to the client's difficulties. Students may present this using text, diagrams, or a combination of both.

A strong formulation will demonstrate:

- A clear link between the client's presenting issues and the chosen theoretical model.
- An explanation of how the formulation informs the overall treatment goals.
- A rationale for the specific treatment strategies that will be applied in intervention.

MSE/Formulation Rubric				
Domain	**Below Standard**	**Novice**	**Proficient**	**Exemplary**
Clarity	The formulation lacks clarity and is poorly organised.	The formulation is somewhat clear, but improvements are needed for better organisation.	The formulation is clear and organised, with minor areas for improvement.	The formulation is exceptionally clear, concise, and well-organised.
Comprehensiveness	The formulation fails to integrate relevant information effectively. The formulation lacks a clear understanding of key psychological concepts. The formulation does not adequately address cultural factors.	The formulation includes information but lacks smooth integration. The formulation demonstrates a basic understanding, but significant gaps are present. Cultural factors are mentioned, but the formulation lacks depth in understanding their impact.	Information is reasonably integrated, with some areas for improvement. The formulation shows a solid understanding of key psychological elements, with some minor gaps. Cultural factors are considered, but there are minor areas for improvement.	The formulation effectively integrates multiple sources of information, such as assessments, history, and relevant research, and demonstrates a comprehensive understanding of relevant psychological theories, concepts, and factors. The formulation considers and integrates cultural factors appropriately.
Theoretical Integration	The formulation lacks evidence-based reasoning, and no established theory of mental disorder is included.	Limited evidence-based reasoning is present, and improvements are needed. The relationship between the information presented and an established psychological theory is too broad and does not appear to go beyond an overarching biopsychosocial model.	The formulation includes evidence-based reasoning, with some areas for enhancement required to make the relationship between the information presented and psychological theory clearer	The formulation demonstrates strong, evidence-based reasoning, with clear links between observations, assessments, and psychological theories and evidence.
Treatment Hypotheses & Implications	The formulation does not effectively address the relationship between the hypothesised contributing factors to the client's presenting issue and how to address these with a coherent form of psychological treatment.	Treatment implications are mentioned, but they lack clarity, depth or aby obvious link to the information presented in the formulation or its theoretical approach.	Treatment implications are included, but there is some room for improvement (e.g. they lack overt links to the theoretical approach taken in the formulation, or there are no obvious suggestions for ways to test a core hypothesis	The formulation provides clear and insightful treatment implications based on psychological understanding. Testable hypotheses about the nature of the client's difficulties can be derived from the information.