Case Formulation and Treatment Plan guidelines – CLN560

This document outlines the *academic* requirements for writing a case formulation and treatment plan specifically for CLN560 – Supervised Clinical Placement AB. These guidelines include information that may not typically be included in a standard reports that would be provided to clients or other relevant parties, and has been designed solely for the purpose of learning, reflective practice and skill demonstration.

General Guidelines

1. Submissions must be adequately deidentified and should be based entirely on the students' own direct work with clients seen on placement.
2. Written expression is to be clear and succinct, without grammatical or spelling mistakes.
3. Terminology is to be correctly employed; without the use of non-psychological jargon.
4. Students are required to have their clinical supervisors review and approve their final submission on SONIA.
5. Satisfactory completion of the case formulation and treatment plan as assessed by the student's supervisor and placement coordinator is required to pass the unit.

Treatment Plan: A Guide for Provisional Psychologists

A treatment plan is a collaborative roadmap between the psychologist and the client, outlining goals, interventions, and measurable outcomes. It ensures that treatment is structured, evidence-based, and client-centred.

You may wish to use the following format for your CLN560 placement requirements.

1. **Client Information**

- Briefly introduce the client (age, gender, relevant background details, de-identified for confidentiality).

2. **Presenting Problem(s)**

- Provide a concise summary of the primary presenting concerns and main symptoms the client has identified.

3. **Case Formulation**

- Use a structured framework to conceptualise the client's experience (e.g., 5Ps: Predisposing, Precipitating, Perpetuating, Protective factors).

4. **Treatment Plan**

- Summarise the goals of treatment and outline the chosen intervention(s) in relation to the case formulation. Provide a brief rationale for your selected approach.

5. **Progress Measurement**

- Describe what success will look like for each goal and intervention.
- Define how progress will be monitored, eg: what baseline quantitative or qualitative data will be collected before initiating interventions, at what intervals will progress indicators be measured to track changes, how will subjective client feedback about perceived progress be collected and incorporated, etc.

6. **Risk Management Plan**

- Identify potential risks (e.g., self-harm, suicidality, substance use).
- Specify the plan for risk mitigation and management (e.g., safety planning, emergency contact protocols).

7. **Review and Evaluation Plan**

- Specify when and how the treatment plan will be reviewed and adjusted

Case Formulation (5P Model)

The following provides more information about the 5P approach to formulation that you are encouraged to utilise during your clinical placements.

What should a formulation comprise? The 'Five P's' approach to formulation

Despite some differences between theoretical orientations, some key themes exist around the content of formulations, with one of the more popular recent approaches utilizing the 'Five Ps'. These are:

Presenting problem. This goes beyond diagnosis to include what the person and clinician identify as difficulties, how the person's life is affected, and when a particular difficulty should be targeted for intervention. For example, while a person may meet criteria for the diagnosis of borderline personality disorder, presenting difficulties may include not being able to maintain employment, erratic friendships, and physical health complications resulting from self-harm. Specifying such difficulties can allow for a more focused intervention.

Predisposing factors. This comprises identifying possible biological contributors (for example, organic brain injury and birth difficulties), genetic vulnerabilities (including family history of mental health difficulties), environmental factors (such as socio-economic status, trauma, or attachment history) and psychological or personality factors (including core beliefs or personality factors) which may put a person at risk of developing a specific mental health difficulty.

Precipitating factors. This can include significant events preceding the onset of the disorder, such as substance use, or interpersonal, legal, occupational, physical, or financial stressors.

Perpetuating factors. This comprises factors which maintain the current difficulties. These can include ongoing substance use, repeating behavioural patterns (including avoidance or safety behaviours in anxiety disorders, or withdrawal in depressive disorders), biological patterns (such as insomnia in mania, and insomnia or hypersomnia in depression) or cognitive patterns such as attentional biases, memory biases, or hypervigilance.

Protective/positive factors. This involves identifying strengths or supports that may mitigate the impact of the disorder. These can include social support, skills, interests, and some personal characteristics. Kuyken *et al*. suggested that this is a particularly important element which has traditionally been lacking in mental health interventions, but inclusion of which results in a higher likelihood of reduced symptomatology and increased resilience (p.4). We would add that identification of protective factors also creates increased optimism in both the clinician and patient and contributes to a positive therapeutic relationship.

Importantly, formulations should be flexible, and should incorporate new information as it emerges. As Persons noted, '... assessment and treatment are a continuous process of proposing, testing, re-evaluating, revising, rejecting, and creating new formulations' (p. 55).

Additionally, whilst not to be considered exclusively or as an exhaustive list, here are a few links that provide case studies using the 5P formulation model that could help to give you an idea of how the 5P formulation model is used in practice.

https://www.researchgate.net/publication/347286486_Use_of_individual_formulation_in_mental_health_practice.

https://www.researchgate.net/publication/344608211_Integrating_CBT_and_CFT_within_a_case_formulation_approach_to_reduce_depression_and_anxiety_in_an_older_adult_with_a_complex_mental_and_physical_health_history_A_single_case_studyLinks to an external site.

https://tpcjournal.nbcc.org/case-formulation-and-intervention-application-of-the-five-ps-framework-in-substance-use-counseling/