

Ability to develop a formulation

Formulation competencies are not a 'stand alone' description of competencies, and should be read as part of the competency framework for individuals with personality disorder.

Effective delivery of formulation competencies depends critically on their integration with the knowledge and skills set out in the core competency column, generic therapeutic competency column as well as assessment activities set out in the assessment column

Knowledge

An ability to draw on knowledge that the aim of a formulation is to explain the development and maintenance of the client's difficulties, and that formulations:
are tailored to the individual client and their significant others/family
comprise a set of hypotheses or plausible explanations which draw on theory and research to explain the details of the clinical presentation obtained through an assessment
An ability to draw on knowledge that models of formulation include:
"generic" formulations, which draw on biological, psychological and social theory and research
"model-specific" formulations, which conceptualise a presentation in relation to a specific therapeutic model (e.g. a cognitive- behavioural model) and which usually overlap the generic formulation
An ability to draw on knowledge that formulations should be reviewed and revised as further information emerges during ongoing contact with the client and their significant others/family.

An ability to draw on knowledge that a generic formulation usually includes consideration of:
risk factors that might predispose to the development of psychological problems (e.g., insecure attachment to caregiver, caregiver marital difficulties).
precipitating factors that might trigger the onset or exacerbation of difficulties (e.g. acute life stresses such as illnesses or bereavements, or developmental transitions such as leaving school or college).
maintaining factors that might perpetuate psychological problems once they have developed (e.g. poor coping strategies, inadvertent reinforcement of problem behaviours).
protective factors that might prevent a problem from becoming worse or may be enlisted to ameliorate the presenting problems (e.g. good family communication)
An ability to draw on knowledge that one of the main functions of a formulation is to help guide the development of an intervention plan.
an ability to draw on knowledge that the intervention plan usually aims to reduce the effects of identified maintaining factors, and to promote protective factors.

Ability to construct a formulation:

An ability to evaluate and integrate assessment information obtained from multiple sources and methods, and to identify salient factors which significantly influence the development of the presenting problem(s), drawing on sources of information such as:	
	the client (and where relevant significant other and family's) perception of significant factors and their explanation for the presenting problem(s).
	theory and research that identifies biological, developmental, psychological and social factors associated with mental health difficulties.
	theory and research that identifies biological, psychological and social factors associated with mental well-being (e.g. secure attachment with primary caregiver, good physical health, good social support network).
	associations between the onset, intensity and frequency of presenting problem(s) and the presence of factors in the client's psychosocial environment (e.g. traumatic life events).
	the results of a functional analysis which records the antecedents and consequences of a particular behaviour.
An ability to appraise and resolve any apparently contradictory reports of a problem, e.g.:	
	when informants focus on different aspects of a problem or situation, or represent it differently (e.g. self-reports of emotional difficulties made by a client that differ from those made by significant others)
	when a client's behaviour differs depending on the context