

7.6. Ability to formulate the child/young person's presentation

Formulation is a way of making sense of difficulties in order to develop solutions.



In an inpatient setting, formulation is a process (rather than an end point) with different functions, which include exploring, understanding and improving team responses to problems, as well as collaboratively co-constructing shared meaning with children/young people directly.

Formulation can take different forms, including conversations, diagrams, and narratives, and these should be used to reflect the needs, preferences and skills of the child/young person, family/carers and team.

Knowledge

- An ability to draw on knowledge that the aim of a formulation is to understand the development and maintenance of the child/young person's difficulties, and that formulations:
 - are tailored to the individual child/young person and their family/carers
 - comprise a set of hypotheses or plausible explanations that draw on theory and research to understand the details of the child/young person's presentation (as identified through 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 and usually overlap with the generic formulation
- An ability to draw on knowledge that the formulation should usually be explicitly shared and co-constructed with the child/young person and their family/carers
- An ability to draw on knowledge that formulations should be reviewed and revised as further information emerges during ongoing contact with all parties
- 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. trauma, neurodevelopmental difficulties, 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 starting school or the birth of a new child in the family)



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	<ul style="list-style-type: none"> ■ maintaining factors that might perpetuate psychological problems (e.g. unhelpful coping strategies, inadvertent reinforcement of behaviours that challenge) ■ protective factors that might prevent a problem from becoming worse or may be enlisted to ameliorate the presenting problems (e.g. a child/young person's capacity to reflect on their circumstances, good family/carer communication and support)
■	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, and:
	<ul style="list-style-type: none"> ■ 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 generate a comprehensive list of all the presenting problems
■	An ability to appraise and resolve any apparently contradictory reports of a problem, e.g.:
	<ul style="list-style-type: none"> ■ when informants focus on different aspects of a problem or situation, or represent it differently, e.g.:
	<ul style="list-style-type: none"> ■ self-reports of emotional difficulties made by the child/young person (which are often higher than those made by parents/carers)
	<ul style="list-style-type: none"> ■ parent/carer ratings of conduct problems (which are often higher than those made by the child/young person)
	<ul style="list-style-type: none"> ■ when a child/young person's behaviour differs depending on the context
■	An ability to understand the child/young person's inner world, affective and interpersonal experiences and frame them in a developmental and contextual perspective
■	An ability to evaluate and integrate assessment information obtained from multiple sources and methods, and to identify salient factors that significantly influence the development of the presenting problem(s), drawing on sources of information e.g.:
	<ul style="list-style-type: none"> ■ the child/young person and family/carer's perception of significant factors and their explanation for the presenting problem(s)
	<ul style="list-style-type: none"> ■ theory and research that identifies biological, developmental, psychological and social factors associated with an increased risk of mental health difficulties
	<ul style="list-style-type: none"> ■ theory and research that identifies biological, psychological and social factors associated with mental wellbeing (e.g. secure attachment with primary caregiver, good physical health, good parental adjustment, good social support network)
	<ul style="list-style-type: none"> ■ knowledge of normal child development and developmental processes (to identify delays in the child's development)
	<ul style="list-style-type: none"> ■ associations between the onset, intensity and frequency of presenting problem(s) and the presence of factors in the child's psychosocial environment (e.g. traumatic life events or parental ill health)



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- the results of a functional analysis that records the antecedents and consequences of a particular behaviour (i.e. what leads up to the behaviour, and what happens afterwards)

- An ability to construct a comprehensive account that demonstrates an understanding of the child/young person's inner world, affective and interpersonal experiences, and frame them in a developmental and contextual perspective

Implementing the formulation

- An ability to identify an intervention plan that accommodates and addresses the issues identified by the assessment and the formulation
- An ability to revise the formulation in the light of feedback, new information or changing circumstance
- An ability to use team reflections and responses, alongside evidence, to make sense of the maintenance of difficulties and identify team-level changes that might need to be made to address these