

French Psychotherapy Practice Research Network

Does case formulation predicts the change process in psychotherapy?

Contribution of 15 pragmatic cases studies of borderline patients.

Baseline case formulation : dimensions and elements common to the 15 cases

5 dimensions of Case formulation

Dimension 1

Current problems of the patient and their place in the context of her/his current life, history and development.

Dimension 2

Non dynamic factors which can have contributed to her/his problem.

Dimension 3

Synthetic integration of the available data opening with an interpretation of precipitating factors and influences which maintain the problems of the person.

Dimension 4

First definition of goals and intermediate objectives of psychotherapy

Dimension 5

Strategy

● Contribution of case formulation at Baseline

○ Informed for 100% patients

- Instability of the social and family environment in childhood
- Self and identity fragility
- Oppositional behavior causing social and family isolation with impossibility of functioning without help.
- General feeling of being rejected, abandoned or overwhelmed.
- Interpersonal relationships disturbed
- Psychic pain and depressive position

○ Informed for 87 % patients

- Mechanisms of defense : Aggressiveness, avoidance, splitting, idealization
- Psychical conflict : Dependence, problems of abandonment, ego ideal

○ Informed for 50 % patients

- Insight : poor

○ Clinicians

- Special importance given to the psychotherapeutic setting, with objectives of identity development and reduction of acting out
- Primary theoretical orientation : psychodynamic.
- 9 were psychiatrists and 6 clinician psychologists. All are experienced

● Case formulation, 12 months later

○ Informed for 100% patients

- Interpersonal relationships are improved but always disturbed
- Psychic pain and depressive position are very improved
- Important reduction in acting out (only persistent in 5 patients / 12 at baseline)

○ Informed for 80 % patients

- Mechanisms of defense are always present: Aggressiveness, Avoidance, Splitting (sometimes noted as exceptional by the patient), Idealization, Projection.

○ Informed for 70 % patients

- Self and identity fragility remain important problems
- Psychical conflicts: dependence, abandonment anxiety, ego ideal

○ Informed for 60 % patients

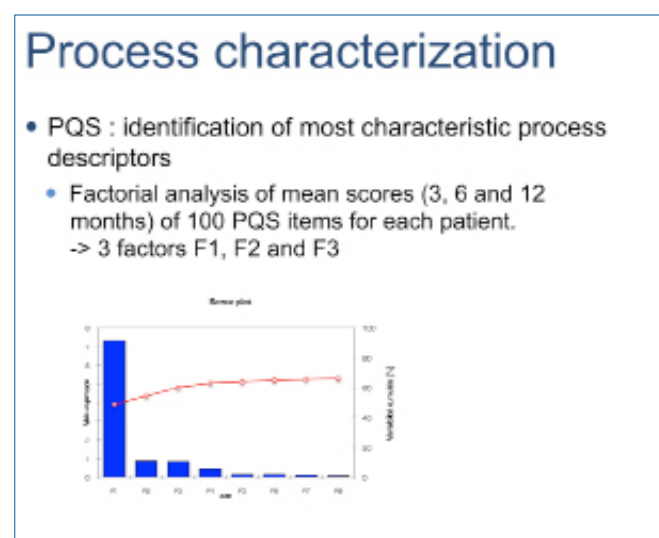
- Insight: remains poor but an improvement is perceptible (mean +12%).

○ Clinicians

- Their objectives are not fundamentally different, but more specific, in particular towards more structural problems: self-esteem, identity construction. Several clinicians plan to continue the original objectives, not yet achieved. Three patients out of treatment after several years of psychotherapy were evaluated after a discussion with the therapist.

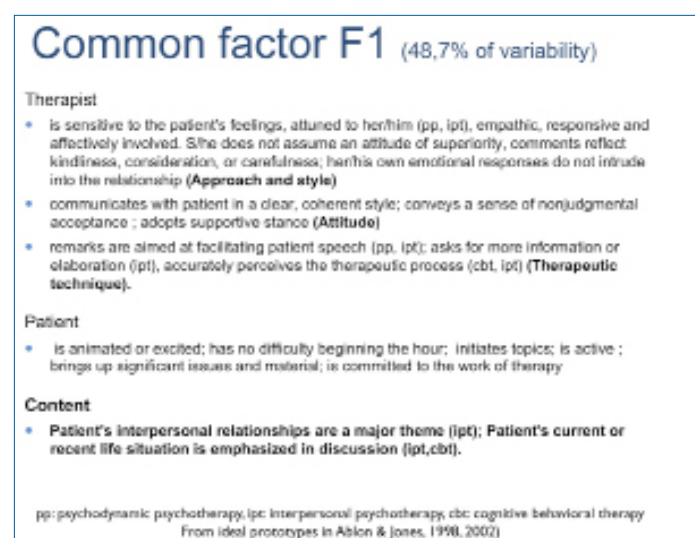
Is Practice correlated with Case formulation?

(Psychotherapy Process Q-set (PQS, Jones et al. 2000))



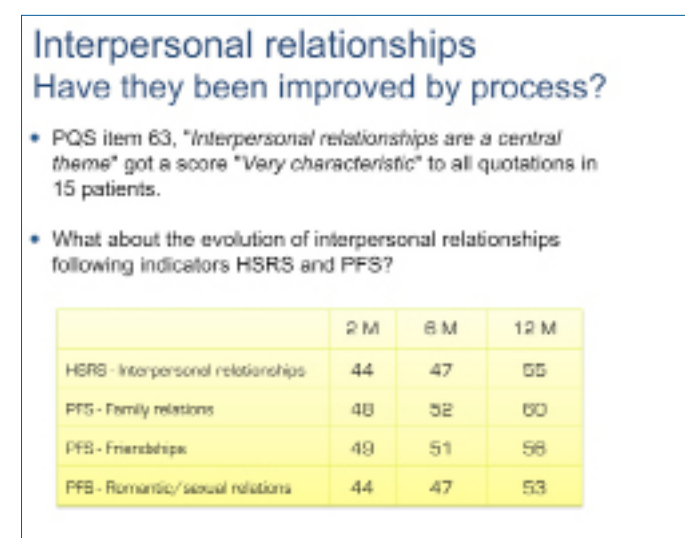
A complex common factor for borderline patients

(Psychotherapy Process Q-set (PQS, Jones et al. 2000))



Is Outcome correlated with Case formulation?

HSRS (Luborsky, 1975) ; PFS (Hoglend, 2000)



○ **Factor F1** is not only composed of general elements such as involvement of the patient and the attitude of kindness, consideration, or carefulness of therapist. Items focused on *interpersonal relationships* and *current or recent life situations* topics are included. Precisions about technical specificities of the borderline psychotherapies are present with descriptors of interpersonal, psychodynamic and cognitive-behavioral therapy. So, at the level of the aggregated cases, psychotherapy is integrative. Patient is active and committed to the work of therapy.

○ **Factor 2** (5,7 of variability) refers particularly to the technique of the therapist and is convergent with the prototypes of psychotherapy of Jones.

○ **Factor 3** (5,5 of variability) refers to the distance that the patient maintains with his/her psychic reality (resistance, defense mechanisms), the focusing of the therapist on conscious material. Somatic concerns and sexuality are discussed.

Discussion

Case formulation predicts the psychotherapeutic process in three areas.

- **Interpersonal relationships**, that are the main problem of the 15 borderline patients. This problem is expressed in today's world of the person (although it was felt in childhood).

Instruments show that psychotherapeutic work was focused on these difficulties and that the gain at this level

is significant. PQS shows that the current situation or recent life of the patient and the interpersonal relationships are the main discussed topics. PFS and HSRS show significant improvement in this area.

- Another very important problem for these patient is the **construction of their identity**. Self and identity are fragile among all patients at baseline case formulation and remain for 70% of them after one year of therapy. We don't have specific instrument to evaluate their evolution, but F1 shows that the

therapist adjusts her/his approach to this personality trait and that the patient is active and initiates topics. Therapists' attention to this problem can be found in the description of the case (dimension 1) and in its objectives (dimension 4).

- **Defense mechanisms** are present at baseline and 1 year, although some clinicians found splitting less frequent with time of psychotherapy.

These common elements have to be complemented by a benchmarking case to case of evolutionary trajectories.

● Which are the theoretical and practical implications?

"The case formulation is an interesting stage to define the indication of a psychotherapy and its objectives" (sd 1,81, p < 0.0001) cf Does participation in research lead to changes in attitudes among clinicians? Report on a survey of those involved in a French practice research network. (Thurin JM, Thurin M, Midgley N, *Counselling and Psychotherapy Research*, forthcoming 2012).

Theoretical and practical implications are interwoven. Theoretical knowledge is necessary to organize data in a clinical case formulation. Practical implications are questioning the theory and lead to clear and enrich it.

Case formulation synthesizes information starting from the theoretical framework and multiple observations of the clinician. It rests on the clinical expertise which makes it possible: to conceive assumptions, to construct an individualized therapeutic strategy, to anticipate potential difficulties and to readjust, if necessary, the plan of treatment during the process.

Monique Thurin, Jean-Michel Thurin, Bruno Falissard,
and the clinicians : Diogo Alves de Oliveira, Hélène Artigala,
Dominique Bilani, Nathalie Duriez, Marie-Françoise Gausset,
Jean-Yves Gautier, François Journet, Nicolas Juskewycz,
Maud Julie, Isabelle Lemaire, Marc Malempré, Jacqueline Massonnet,
Magali Molinié, Rodolphe Snapir, Agathe Sultan, and Michèle Vitry.
FRANCE. U 669 - Ecole de Psychosomatique
Fédération Française de Psychiatrie.
<http://www.techniques-psychotherapiques.org/Reseau/>
mthurin@me.com - jmthurin@techniques-psychotherapiques.org

