

# French Psychotherapy Practice Research Network

## Case formulation in a Practice-Based Research Network.

### Is standardization compatible with complexity ?

- Three questions
- Question 1: Which information respectively bring moderators, discourse analysis, DSM and case formulation?
  - Question 2: Is this information common, complementary or divergent at a group of patients carrying the same diagnosis?
  - Question 3: Are the case formulation and its standardization compatible with the complexity of the borderline disorder, in its organization and its variables?

Four presentations resulting from the first three clinical talks with a patient consulting a therapist

Moderators

AGE DISTRIBUTION

GENDER DISTRIBUTION

PHARMACOLOGIC TREATMENT

PREVIOUS TREATMENT

SOMATIC AND PSYCHIC COMORBIDITY

CHILDHOOD CONTEXT

SYMPTOMS SEVERITY TIME 0 - SCORE HSRS

SUBJECTIVE DISTRESS TIME 0 - HSRS SCORE

INTERPERSONAL RELATIONSHIPS HSRS

Discourse analysis

- Discourse analysis is focused on the object of the discourse in the patient and his way of meaning it :
  - by using different kinds of discourses (narrative, commentary, description...)
  - by accentuating some elements connecting a privileged topic
  - by locating the objects in a "world" : real, imaginary, current, past

This analysis allows a location on :

- Diagnostic elements : recurrent themes in the discourse. For example, depression, abandonment, interpersonal relationships, ...
- Particular elements related to :
  - psychopathology
  - functioning
  - subjectivity : how the patient presents himself in his discourse through the figures of «I»
  - history : how the patient moves in his history when he tells himself : reference mark of the present as lived of the past, for example

Example of an extract of discourse

« Since small girl, I was always attracted by the void. I was able to go up on the large horse-gear, wheels in the void... I was already fascinated by the void, and yet I had nightmares, I was in a large wheel and the void called me. I know very well that I exist, that there is evidence, but I empty myself... » (Melle A, 38 ans, extract)

«... I know very well that I exist, that there is evidence, but I empty myself... »

Kind of talk  
Reflexive discourse  
Comment  
Discourse on oneself

Topic  
The void, feeling related to exist

World  
World of reality, world of the phantasme, world of intimately

DSM

Axis DSM

Axe I

...

F45.4, F41.9, F43.2, F32.x...

Axe II

F60-31 - Bdl

F60.5, F60.8, F60.9...

Axe III

...

555.9, 346.20...

Axe IV

...

T74.1, T74.2, T74.0, Z63.0, Z63.8, F93.3...

Axe V

...

35 à 50

Common

Specific

Case Formulation at baseline

| Axis                                                                                                                                                                   | Criteria each axis                                                              | * Common<br>* Informed/patient                                                                      | Precise details                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| Axe 1<br>Current problems of the patient and their place in the context of its current life, its history and its development.                                          | Current problems of the patient                                                 | Conflictual behavior causing a socio-familial isolation. Patient cannot function without assistance | Acting out or aggravation of a state (drug addiction, social withdrawal, event of life)      |
|                                                                                                                                                                        | Precipitating events                                                            | General feeling to be rejected or abandoned, overflowed                                             | Died of parents or friends, aggressions, stress, incapacity to work, somatizations...        |
|                                                                                                                                                                        | Predisposing features                                                           | Psychic suffering                                                                                   | Stress, dependence, distress, depression                                                     |
|                                                                                                                                                                        | Interpersonal relationships                                                     | Disturbed                                                                                           | More particularly family, friends or sentimental                                             |
|                                                                                                                                                                        | Symptoms and behaviors                                                          | Depressive elements                                                                                 | Self aggressiveness, food disorders, sleep disorders, distress abandonment, unhappiness, ... |
| Axe 2<br>Non dynamic factors which can have contributed to its problem.                                                                                                | Genetic problems                                                                | informed 4/13                                                                                       |                                                                                              |
|                                                                                                                                                                        | Perinatal problem                                                               | informed 3/13                                                                                       | prematurity - maternal stress                                                                |
|                                                                                                                                                                        | Social problems                                                                 | Instability of the socio-familial setting                                                           |                                                                                              |
|                                                                                                                                                                        | Family psychopatho.                                                             | Among all patients                                                                                  |                                                                                              |
| Axe 3<br>Synthetic integration of the available data opening with an interpretation of precipitating factors and influences which maintain the problems of the person. | Development                                                                     | Informed 10/13                                                                                      | Psychological ill-treatment and physics expressed in childhood, sexual abuse...              |
|                                                                                                                                                                        | Psychical conflict                                                              | Informed 11/13                                                                                      | Dependence, problems of abandonment, ego ideal                                               |
|                                                                                                                                                                        | Family history                                                                  | Deterioration or defection of family setting                                                        |                                                                                              |
|                                                                                                                                                                        | Identity                                                                        | Fragile identity base                                                                               |                                                                                              |
|                                                                                                                                                                        | Mechanisms of defense                                                           | Informed 11/13                                                                                      | Aggressiveness, avoidance, splitting, idealization                                           |
|                                                                                                                                                                        | Insight                                                                         | Informed 8/13                                                                                       | poor                                                                                         |
|                                                                                                                                                                        | Interpers. relationships                                                        | Disturbed                                                                                           |                                                                                              |
|                                                                                                                                                                        | Emotional tolerance                                                             | Informed 7/13                                                                                       | Lack of control, sideration, little emotional expression                                     |
|                                                                                                                                                                        | Supporting elements                                                             | Informed 8/13                                                                                       | Investment expressed                                                                         |
|                                                                                                                                                                        | Axe 4<br>First definition of goals and intermediate objectives of psychotherapy | Symptomatic objectives                                                                              | Informed 7/13                                                                                |
| Functional objectives                                                                                                                                                  |                                                                                 | Informed 10/13                                                                                      | Restoring self-confidence, working the acting, developing insight...                         |
| Structural objectives                                                                                                                                                  |                                                                                 | Informed 10/13                                                                                      | To build identity, narcissistic base, structuring of ego...                                  |
| Axe 5<br>Strategy                                                                                                                                                      | Therapeutic approach                                                            | Informed 5/13                                                                                       | 1 family, 4 psychodynamic                                                                    |
|                                                                                                                                                                        | Médiators                                                                       | Informed 12/13                                                                                      | interpret/no interpret, narcissistic reinsurance...                                          |
|                                                                                                                                                                        | Setting                                                                         | Informed 9/13                                                                                       | Very important                                                                               |

Comparative discussion of the presentations and response to our central question about case formulation

- Moderators bring recurring information in the group of the 13 evaluated patients borderline:
  - All have psychiatric comorbidities.
  - Half have somatic comorbidities.
  - Almost all have a very difficult context of childhood: instability of the familial setting, maltreatment, mournings and losses.
  - Severity of the symptoms is important (score of 45/100 at HSRS of Luborsky).
- Discourse analysis brings diagnostic and psychopathological information about the links which the patient establishes between the topics that he approaches, through his way of meaning them and of locating them in his worlds.
- DSM IV confirms the data resulting from the moderators and the discourse analysis:
  - Axis 5 notes a score from 35 to 50 for the whole of the patients.
  - The only common axis to all the patients is axis 2 concerning the diagnosis of personality borderline.
- Case Formulation makes it possible to build a synthetic representation of the complexity which associates the problems of the patient with his history and the organization of its functioning, as well as the way in which they are translated into objectives and strategies by the therapist.

We announced in red the elements present among all patients. It is in addition indicated in this column the number of patients for whom information was filled by each peer group carrying out the evaluation.

Concerning the strictly similar data, the patients present all with a conflictual behavior causing a social and familial isolation so important that they cannot function without assistance. They have the general feeling to be rejected or abandoned, overflowed. They express a psychic suffering, their interpersonal relationships are disturbed and they all present depressive symptoms. In addition, their history is marked by an unstable socio-familial setting and their identity base is fragile.

The clinicians strongly insist on the attention to the setting, as one of the strategies to carry out the objectives which they set in the short or medium term.

The column "Precise details" describes the aspects specific to the various patients.

- These elements bring a standardized description of the clinical and psychopathological situation of the patient as well as of the therapist strategy. This description is anchored on 22 key words and standardisable. This first analysis will be to confirm with the other cases which are in the course of evaluation.

Case formulation at one year of psychotherapy

- This new case formulation made it possible for the clinicians to define the modifications which have occurred in four of the 5 axes concerned. We report here, the most common elements of the group of evaluated patients. They confirm that the standardization is compatible with complexity, without evacuating the individual elements.
- Axis 1: The current problems of patients are centered by school failures, professional projects and drug-addiction (improved but still significant). One notes a movement towards outside. As a whole, a reduction of acting out, the stop of scarifications are found among several patients, as well as a less important gravity of the symptoms. Some of which persist however like anxiety and depression... The interpersonal relationships are improved, but reach different qualities. They remain sensitive.
- Axis 2 et 3 : Few significant elements noted by the clinicians, except within the supporting factors where a movement of the patient towards a more important positive implication in its relations is described.
- Axe 4 : The symptomatic goals were achieved on the level of a significant "appeasing" of the various symptoms. The functional objectives are less significant, but it is noted a movement towards the improvement. Even for a patient who wished to leave the treatment in one paranoid transference living, the conflict with the parents disappeared and there were less acting out... The structural objectives are less perceptible by the therapists, which seems coherent after only one year of therapy with cases whose gravity is manifest.
- Axe 5 : As for the structural objectives, the therapists did not express themselves much concerning their strategy with mediators such as "to interpret / not to interpret". These elements are observable with the process instrument and this axis should be the object of a special attention for the future cases. Concerning the strategies, the setting was maintained throughout this year and as sometimes the therapists say it with difficulty "but it resisted"...
- To answer our three questions, the information brought by the moderators, the discourse analysis, the DSM and the case formulation are at the same time different and complementary. Significant elements are common to the whole of the patients of the group. The case formulation and the discourse analysis bring specific information on the organization of functioning, the dynamics of the evolution and its points of anchoring. It is compatible with a complex disorders such as borderline and standardisable.

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