TEAM FORMULATION

- CAMHS is well suited to team formulation.

- BPS Guidelines state CP's should utilise broad theoretical approaches to formulation

- Need to embed in culture of team/service

- Best placed for practitioners who are 'stuck' or working with 'complex' CYP
One day Alice came to a fork in the road and saw a Cheshire cat in a tree. "Which road do I take?" She asked. "Where do you want to go?" was his response. "I don't know," Alice responded. "Then said the cat, "it doesn't matter."
TEAM FORMULATION

- Team formulation works well with complexity as you get the benefit of a wealth of experience and knowledge.

- TF focuses the work well as complexity can increase therapeutic drift and focus can be lost.

- Important to consider impact of the systems which surround CYP.
TEAM FORMULATION

- Current areas where formulation can be highlighted as important, from FiM:
  - Extension of CAMHS up to age 25
  - Shared management of people from minority/vulnerable backgrounds
  - Importance of consistency of approach.
TEAM FORMULATION

- Young Minds report on engagement:
  
  - YP want services supporting them to communicate more effectively.
  
  - YP don't want to have to tell their story over and over again.
  
  - Consistency of approach key.
  
  - Formulation is very helpful at addressing all these.
TEAM FORMULATION

- Use the systems that already exist if possible.
- Team around the Child/Family meetings (multi-agency meetings) are ideal to share formulations and organise interventions using a shared understanding.
- Sometimes simple shifts in thinking can adjust how systems view and respond to CYP.
• Shifting a group of people from considering a CYP as 'naughty' or 'oppositional' to 'anxious' or 'scared' can have a major impact.

• Helping systems see that a CYP is doing what they do because that's the way they've learnt to survive can enhance empathy and understanding.

• Formulation helps people understand why? rather than What? Brings understanding to difficulties.
TEAM FORMULATION AND DIAGNOSIS

- Diagnosis is still dominant in CAMHS services.
- Some are more contentious than others.
- Personally, I don't use it but will if YP requests. Always add context.
- In team formulation I will say "so how does Sam's ADHD impact on him?" or "What does Bea's depression look like?"
I hear "He's ASD" or "he's very ADHD" a lot.

Or "He's ASD, ADHD and probably OCD"

My particular dislikes are 'Conduct disorder' and 'Attachment disorder' I use neither.

Formulation based care will become more important with the emphasis on supporting CYP with long term difficulties.
It's all fun and games until someone figures out the function of your behavior.
SO, WHAT DO YOU PREFER TO BE CALLED? HANDICAPPED? DISABLED? OR PHYSICALLY CHALLENGED?

"JOE" WOULD BE FINE.

THE MOST APPROPRIATE LABEL IS USUALLY THE ONE PEOPLE'S PARENTS HAVE GIVEN THEM.
Risk management is an area where formulation is much needed (see NCISH 2013).

I won't focus on this today but see Caroline Logan's work for very good exploration of this.
Recent developments include team formulation in CAMHS inpatient settings, children and families on the 'Edge of Care', CYP at risk of/victims of CSE and in community CAMHS for 'stuck' or 'drift' cases.

- Different emphasis in each but process similar.
- Today I'll share community CAMHS approach.
• Aim?

• Presenting problem (in descriptive terms)

• Allow person to narrate without interruption, only questions to quantify/check facts at this stage.

• Summary to include: assessments to date, family info, Hx, diffs over time, relationships, strengths, interests/hobbies?

• Current formulation? (if there is one)

• What are the current goals/aims of the service's involvement?

• Are ROM's/GBO's being used if so what are they and what do they show?

• What is it like working with this CYP? What is it like to be in the room with them?

• What has been tried? Has anything worked well?
- Questions at this point including thoughts/reflections.
- Aim to pull together:
  - Areas requiring further information/assessment?
  - Hypotheses
  - What is keeping the problem going? What makes things better/worse? Maintenance/Drivers of the problem(s)
- Develop a clear plan of intervention.
- Check back - has aim been met? Has this been useful? Need to revisit?
• Inpatient formulations and community formulations can lead to a formulation letter. CYP often find these helpful and contribute to shared understanding. IME CYP like them to be shared.

• We do these in narrative form rather than diagrams, a personal preference (arrows can mean so many different things). I believe a narrative formulation adds meaning.
Children and young people can have idiosyncratic explanations of their experiences, use their words.

I would recommend this book to a friend because it is my favourite one and I don't want anyone else to have it.
“It feels like the letter was easier to use to communicate and evaluate the things we spoke about and to see clearly how the things that we talked about were interpreted.”

“I’d like to say it was a useful technique to use to communicate and should be used more often for mine and others’ recovery.”

“It’s good to have it summarised and together and it shows me people understand how I feel which is important to me”

“I understand how the team perceive what’s happening and that they understand, it shows they were listening.”

“Thank you, it really made me feel better about the fact people understand.”

“It helped me realise that someone actually does know what’s going on for me.”

“In its own way it aids my moods and supports me in a way where I know I’m not completely manic. I suppose there was a reason behind it (mentally) it just took time to accept and move on from it.”

“It helped me realise how far I’d come and the progress I’d already made.”

“It was personal and addressed to me, not just a few paragraphs about me which I thought gave me a different view and overall feeling.”
“It allows me to examine my views of clients, gauge other people’s understanding, tolerance and passion to help clients.”

“Great for sharing knowledge - giving a better understanding of the origins of malignant behaviours.”

“Allows all to share knowledge gauged about individuals which might go undiscovered without such events.”

“I’ve really benefited from attending team formulation to help feel supported by the team when working with challenging clients. It has definitely helped me to develop a better understanding of the clients and brought together the therapeutic work.”

“...there are some challenges around sharing the formulation with the wider team to enable this (creating a more coherent therapeutic approach towards clients) to happen.”

“It has been really useful and would be great to get more staff into the session”.

“It would be great if more members of the MDT/nursing team were able to attend.”
BENEFITS OF FORMULATION

- Helps with engagement, communicates understanding and shows that you've listened.

- Provides a template for support based around what the CYP has told you.

- Focuses in on what needs to be done, what can be done and what should be done.

- Allows you to work with 'threads' within the formulation.
What's wrong?
I don't know.

How can I help?
I don't know.

Ok. I made you a nest. Do you want to come?

...OK.

...yes.

Does that help?
Are you ever coming out?

...no.

Ok. Hang on.

Ok.
BENEFITS OF FORMULATION

- Places the CYP at the heart of the process. Formulation is a key part of evidence based practice.

- EBP is "the integration of clinical expertise, patient values and the best research evidence into the decision making process for patient care. Clinical expertise refers to the clinicians cumulated experience, education and clinical skills" Sackett 2002
BENEFITS OF FORMULATION

- Formulation can be the base of the intervention for all working with the CYP.

- For example, acute matters can be managed by using an AMBIT type approach with a 10-minute consult based on the formulation.

- Key decisions can be assisted in using a formulation.
SOME NOTES

- Formulation needs to be action-oriented
- Must not just be 'an interesting chat'
- Intervention plans: Make them achievable, what can the service provide. Little point in recommending a therapy which nobody can access.
GROUP THERAPY
PUB - BEER - WINE
FACILITATORS

- You must keep an eye on time and keep people on task.
- Formulation meetings are interesting and useful but focus is important.
- Is what we're discussing relevant?
- Criticism of practitioners isn't helpful
- Some guiding of discussion is useful at relevant stages (this depends on the case)
- Balance the assessment/discussion/reflection then formulation and plan.
- It's important that aims are addressed
!!!

STOP

FAFFING

AND

GET ON

WITH IT
An example of a formulation letter.

Now, we can either take real case examples or I have some I prepared earlier.

Practice: facilitating and sharing views. Developing a plan and a letter.
THANK YOU

- If you develop TF in your teams, please evaluate it and let us know how it goes.

- If you want refs etc please email me: gordon.milson@nhs.net

- or @gordonmilson