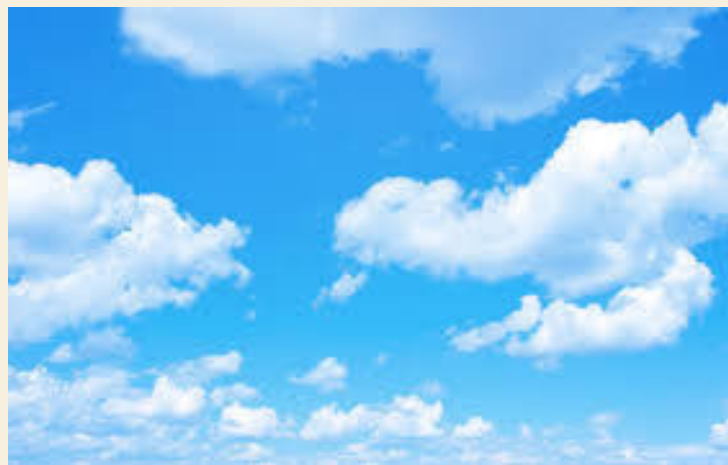


BUILDING A NARRATIVE

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Q) THE SKY IS BLUE
A) YES/ NO ?



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PRESENTING DIFFICULTIES

- Increasing number of children in services that present with difficulties with their emotions and behaviour.
- Parents and / or referrers may have concerns or ideas about specific diagnoses which they think might explain these difficulties.
- They may come to appointments expecting or hoping for an 'answer'.

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WHY DO PEOPLE WANT DIAGNOSES?

- What is useful about diagnosis?
 - Defining ‘the problem’
 - Defining treatment
 - Quick reference for understanding
 - Access to ‘the system’



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DIAGNOSES – CHALLENGES

- What are the challenges with diagnoses?
- They don't provide information about the individual
 - What context did the difficulties develop in?
 - Social, cultural, family
 - What personal meaning do the difficulties have?
 - What is the impact of the difficulties?



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AND WHAT HAPPENS IF...



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FORMULATION



- A structured narrative to make sense of someone's difficulties, how they came to develop in their context (e.g. social, culture, relationships), what could be keeping them going and the sense they / the family have made of them
- Uses psychological theory to understand and explain aspects of the presentation
- Can be simple, or complex
- Guides treatment

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FORMULATION

- Thickens the narrative of a diagnosis
- A way of bringing together multiple perspectives – both/and, not either/or
- Collaboratively developed with the parent – using their words

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WHY MIGHT FORMULATION BE HELPFUL?

- Shared responsibility and collaborative
- Broadens the narrative – helps other people understand the child more broadly
- Takes into account the history as well as biological, psychological and social circumstances to create a 'story' and shared understanding



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WHY MIGHT FORMULATION BE HELPFUL?

- Highlights any gaps in knowledge
- Moves away from yes / no
- Validating
- Guides treatment options
- Can be used on its own, or alongside diagnosis

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Biopsychosocial Formulation: '5 P's model'



Presenting difficulties

Presenting

Predisposing – what are the previous biological/social factors

Predisposing

Precipitating – what happens just before/triggers?

Precipitating

Perpetuating – what's keeping it going?

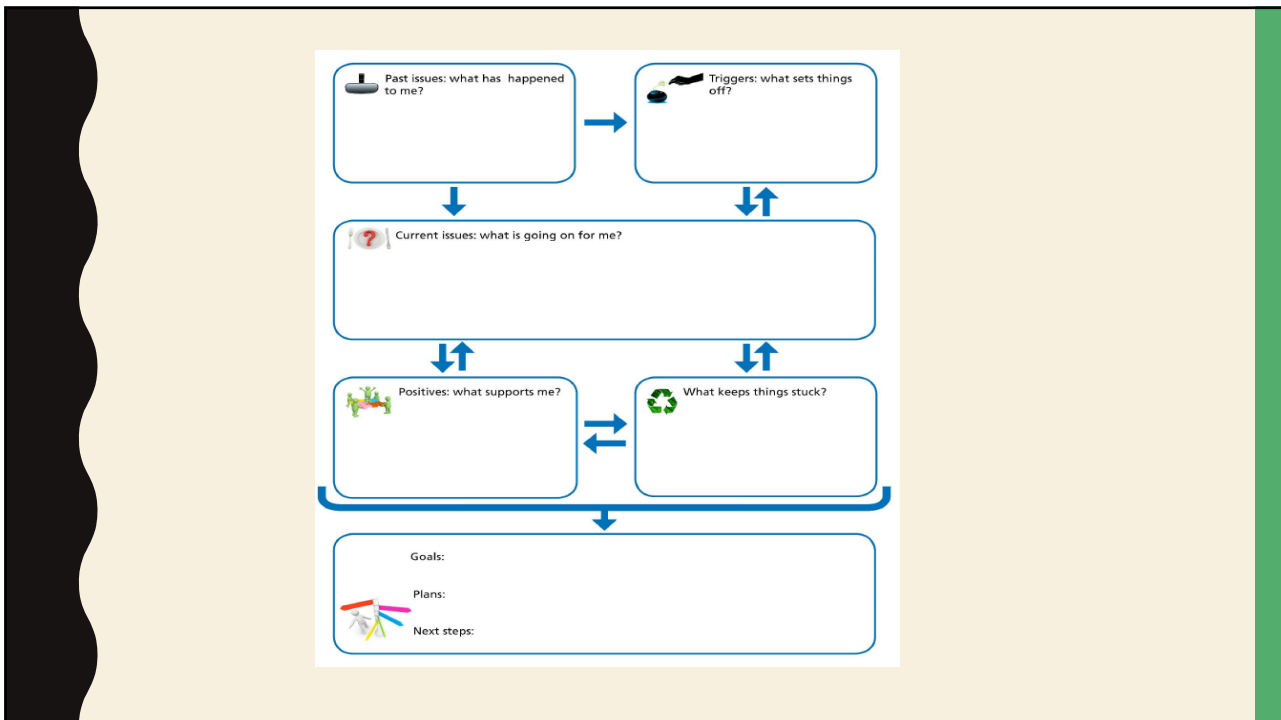
Perpetuating

Protective factors – what are the strength and resilience factors?

Protective

+ Plan!

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CASE EXAMPLE

- 6 year old boy
- Referral from School
- Mother reports he is having “angry outbursts”
- Challenging behaviour- hitting others, spitting, running away
- Language delay



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MUM DESCRIBES PRESENTATION AT INITIAL ASSESSMENT:

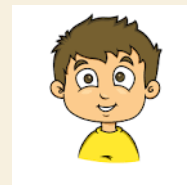
- Mother understandably concerned and struggling to manage behaviour
- Certain he has ASC – she has spoken to friends and researched online
- He pushes and kicks other children
- No sense of danger and runs into road
- Will talk to anyone – can't discern between strangers/friends
- He cries a lot
- He doesn't follow instructions
- Difficulties sleeping



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CHILD'S PRESENTATION IN CLINIC

- Child presents as sociable – showing you things to look at
- Struggles to express himself verbally
- Non-verbal communication skills - modulates eye contact with you, points, shows interest
- Engages in imaginative play



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PRESENTING – CURRENT ISSUES

What are the current issues that the parent and child have described? What did you observe?

Consider:

- Biological
- Social
- Cultural
- Mood / psychological
- Cognition / learning
- Behaviour



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FROM THE CASE EXAMPLE...

X is a 6 year old boy who presented as tearful and anxious during the appointment. School have said that he can display challenging behaviour including hitting and pushing other children. His mother reports he has no sense of danger and finds it hard to concentrate and listen. He has a language delay. He wakes up 3-4 times a night distressed.

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PREDISPOSING FACTORS – PAST EVENTS

What factors may have influenced the problem developing over time?

- Personal History:
 - Neurodevelopmental
 - Psychological
 - Genetic
- Contextual:
 - Parent/child factors
 - Family relationships
 - Social circumstances



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FROM THE CASE EXAMPLE...

When X was born he was taken to live with his Aunt in America and they had a close relationship. X moved back to the UK aged 4 years old to be cared for by his mother. This is likely to have been a huge change for both X and his mother.

X's mother reported they are socially isolated and there are few people around to help her to take care of X. She said that this can increase her feelings of stress and low mood.

X has a language delay which means he struggles to understand verbal information and to communicate verbally with others. This would increase the likelihood of X communicating through his behaviour.

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PRECIPITATING FACTORS – TRIGGERS

What are the triggers for each difficulty?

Question: When is the behaviour more or less likely to happen?

Consider:

- Social (e.g. who is there?)
- Biological (e.g. tired, hungry?)
- Context (e.g. what's happening?)



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FROM THE CASE EXAMPLE...

X's mother told me that X displays challenging behaviour particularly when asked by her or his teacher to follow instructions.

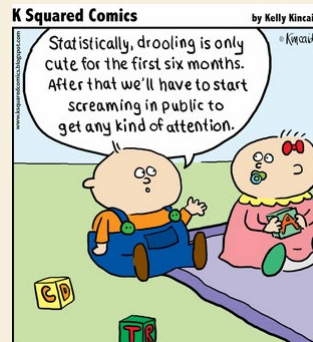
She has noticed that X is very distressed when he wakes up in his bed during the night after he has fallen to sleep on the sofa.

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PERPETUATING FACTORS – WHAT KEEPS IT GOING?

Consider what is reinforcing the behaviour (i.e. making it more likely to happen) :

- Biological
- Psychological
- Family system
- Parenting
- Social network
- Consequences



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FROM THE CASE EXAMPLE...

Due to X's language delay, he may use challenging behaviour as a way to communicate his needs. For example, when asked to do something he does not want to do, does not understand or when he wakes up in the night. Responses to his challenging behaviour therefore may be keeping the behaviour going (i.e. if he gets what he wants).

X's and his mother are socially isolated, which is increasing X's mother stress levels, making it harder for her to respond to X's needs consistently and calmly. This may increase the likelihood X will also be stressed and display this through his behaviour.

Responding to X's behaviour in different ways can inadvertently reinforce this and make it more likely to happen again in the future.

Waking up in bed after falling asleep on the sofa may be confusing for X and he may wake up distressed because of this.

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PROTECTIVE FACTORS - STRENGTHS

What is going well for the child and family that lessens the impact of the current difficulties ?

-Personally

-At home

-At school



25

FROM THE CASE EXAMPLE...

- X is attending school and has made friends there.
- X is socially motivated, showing and pointing in clinic
- His mother is determined to engage with additional support

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+PLAN

- Consider minimising triggers: Discuss sleep routine with parent, discuss consistency of rewards / giving instructions at home and school.
- Consider addressing maintenance factors: social isolation, mum's mental health.
- Address any presenting problems that have not received intervention e.g. referral to speech and language therapy for underlying language delay.
- Refer to parenting intervention for increased social support and behavioural management skills

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Q) THE SKY IS BLUE A) YES/ NO ?



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TAKE HOME MESSAGES



- Formulation is a way of understanding the problem in context, alongside psychological theory
- Shares responsibility
- Structures conversation to explain current understanding of the difficulties, how they developed and what is keeping them going
- Highlights any gaps in knowledge and guide treatment planning
- It is helpful alongside diagnosis!