

# **Assessment** and **Formulation** will cover....

Engagement, engagement, engagement!

#### **Assessment:**

- Initial assessment
- Behavioural assessment
- Values-based assessment

**Formulation** 







#### Engagement = assertive outreach

- Be prepared to get your hands dirty
- Engage where participants want to be seen
- Engage through practical assistance
- Formulate disengagement
- Persist



#### **Engagement = continual**

Positive rapport **Build motivation** Contagious hopefulness **Empathy** Collaboration



#### **Engagement examples**



Bringing food for the hamsters



Discussing favourite films



Talk through the front door until client able to open it



Play guitar together



#### Self as hero

- Compassion and validation
- Optimism for change and hope for the future
- Encouraging positive sense of self and self-compassion
- Building self as hero narrative
  - You got through it
  - Survivor
  - Hidden resilience



Example: Analogy of favourite computer game character who "keeps on going" despite adversity



#### **Initial Assessment**

- Collaborative assessment of:
  - Current problems in context of social disability
  - Pathways to current behaviours, disruption of goals and hopes
  - Current barriers to engaging in structured activity
- CBT techniques to assess:
  - Symptoms (e.g. social anxiety, depression, psychotic symptoms)
  - Beliefs about self and others and hopelessness
- Focus on personal meaning and relevance to social recovery



Assessment information can be gained from the individual, the system surrounding them, and real-world observation

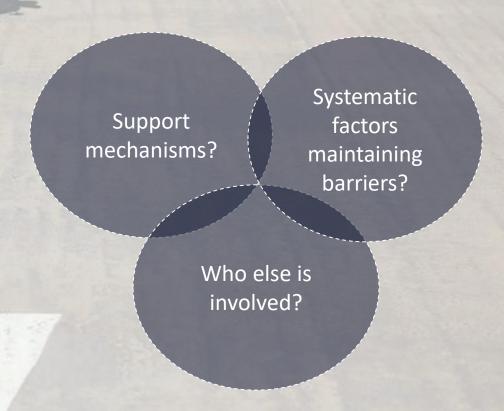


#### Systemic barriers to social recovery

 Assess systemic barriers to social recovery (maintenance factors), but also if/how system offers support



Assessment information can be gained from the individual, the system surrounding them, and real-world observation





Imagine that tonight as you sleep a miracle occurs in your life.

A magical momentous happening that has completely solved this problem and rippled out to improve other areas of your life.

How is life going to be different now?

The miracle question





## Interest checklist



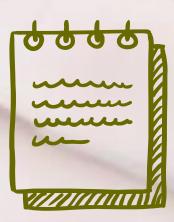


#### **INTEREST CHECKLIST**

NAME/ID:	
DATE:	

Area	Activity	Description	Interest/Enjoyment			Engagement		
			Lots	Some	None	Past	Now	Future
Personal,	Mediation							
social and	Visiting places of worship							
spiritual	Prayer							
	Journal writing							
	Pet care							
	Visiting others/receiving visitors							
	Supporting others							
	Caring for others							
	Social media							
	Scouts/guides							
	Voluntary work							
	Activism/campaigning							
	Political party activities							
	Other personal, social, spiritual							
Sports	Running/jogging/cross country							
	Climbing/bouldering							





# Activity diary



#### Weekly Activity Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
6-7							
am							
7-8							
am							
8-9							
am							
9-10							
am							
10-11							
am							
11-12							
noon							
12-1							
pm							
1-2							
pm							
2-3							
pm							
3-4							
pm							
4-5							
pm							
5-6							
pm							





#### **Behavioural assessment**

- As early on as possible
- Assess in the real world:
  - "Let's go out and see"
- Note safety behaviours





# Behavioural Assessment: Going to the supermarket





# Discussing the behavioural assessment







# How are values accessed in therapy?



#### Values-based Assessment

- Use values-based assessment to:
  - Identify long-term ambitions and priorities
  - Promote self-determination, motivation and self-efficacy
  - Promotion of hope and self as 'good enough
  - Provide motivation for immediate steps towards long-term behaviour change
- SRT therapist should reflect on and revisit values and associated goals throughout SRT



- -Use values-based assessment tools (e.g. values map) to:
  - -Capture acting in line with values pre- and post-therapy
  - -Capture change during therapy
  - -Refer to ideal 'good enough' self and values throughout therapy





# Using values to improve motivation





## Values map





#### VALUES MAP

NAME/ID: _	
DATE/S:	

#### INSTRUCTIONS

#### What are values?

Values are things that you believe to be important in life – the things that matter to you deep down. Values provide your life with purpose and meaning.

Valued directions are the overall guiding directions for our lives - like the overall plot themes in a story. Goals are things that we want to achieve along the way - like the specific events in a story. For example, my valued direction for friendship might be 'I want to be a caring and supportive friend', and I might have goals like 'I want to reconnect with my old school friends'.

Living your life in a way that matches up with your valued direction is linked to experiencing a sense of happiness and fulfilment.

PERSONA SPIRITUA Valued direct	L Va	SOCIAL lued direction:	FAMILY Valued direction:
COMMUNITY Valued direction:	n + n ~ -	5 4 3 2 1 7 Not living in No West Section 2015	COUPLES/ INTIMATE Valued direction
LEISURE/ SPORTS Valued direction:	S S S S S S S S S S S S S S S S S S S	accordance with my values	WORK Valued direction:
	LEARNING Valued direction:	HEALT Valued dire	

#### INSTRUCTIONS

#### How to use the Values Map

The Values Map can be used more than once to map out progress, e.g. before and after engaging in therapy.

- Write a valued direction for each life area.
- Circle a number from 1 (not living in accordance with my values) to 5 living in accordance with my values) for each life area.
- Draw a line between each life area to connect the circles. This will create a shape.
- Write a number from 0 (not important) to 10 (very important) to the left of each valued direction to show how important it is to you now.
   Draw a circle around the number.
- Rank all the valued directions from most (1) to least important (9). Put the rank on the right of each valued direction and draw a circle around it.
- When using the <u>map</u> a second time, draw a square around the selected number for each area. Use a different colour pen or pencil to draw the shape connecting the squares. You can now compare the shapes.
- Write numbers for importance and rank of each valued direction and draw squares around them.





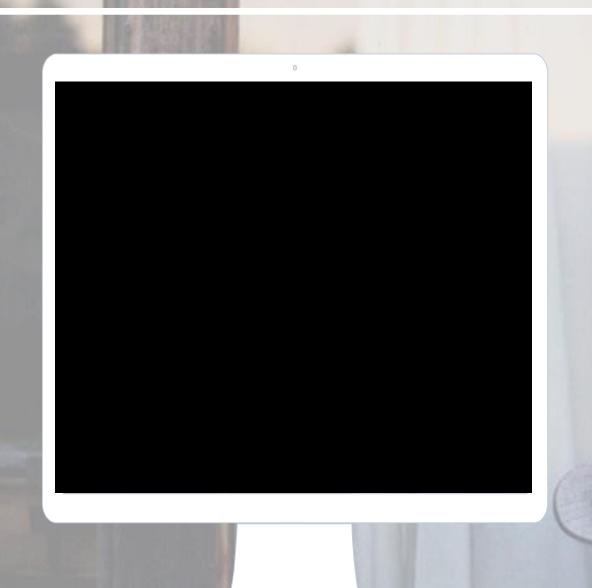
## Ideal self



#### **Ideal** self

- Current and future self-construals
  - Powerful motivators of thinking and behaviour
  - Allow identification of values (and fears)
  - Guide replacing 'avoidance' with 'approach' goals
  - Mapping the ideal self as opportunity for empathy, engagement, collaboration, exploration, creativity, humour





# Moran (2008) - drawing the ideal self





### Give it a go!

Values-based assessment

Practice using the Values Worksheet

Ideal vs Feared Self

Practice using the tool







- 19 year old White British female
- Not in Education, Employment or Training (NEET)
- Very low structured activity (11.35 hours per week)
- Meets criteria for At Risk Mental State (ARMS)
- Meets SCID criteria for Major Depressive Disorder and past Major Depressive Episode
- Also reports high levels of:
  - social anxiety,
  - suspiciousness,
  - Perfectionism,
  - and systemic difficulties.





- Described 'dark thoughts' that were out of her control as well as visual and auditory hallucinations
- Following a past deterioration of mental health,
   Jenny left a university course that she had just
   commenced and returned home
- Felt as if deserved 'physical abuse' as punishment and reported engaging in self-harm behaviours.
- Reported no previous experience of mental health services or CBT and reported no illicit substance use
- Family history of mental health difficulties reported





- How does this case compare to others you have worked with?
- Where would you start / how would you approach Jenny's case?
  - How would you approach engagement?
  - What are the barriers to social recovery?
  - How would you approach the SRT formulation?
  - What cognitive behavioural models would you consider?





#### Formulation

**Key principles** 

- Collaborative and iterative tailored formulation informed by behavioural and values-based assessment
- Opportunity to be empathic and validating
  - Promote a 'good enough' view of positive self to move forward
  - Able to accept problems without feeling overwhelmed
- Opportunity to provide normalisation and psycho-education
  - Emphasise "Self- as- hero"



- Work towards longitudinal SRT formulation and maintenance cycles
- SRT formulation reflects barriers to structured activity e.g. symptoms, systemic issues, amotivation
- Use specific cognitive models utilised based on symptom barriers to social recovery:
  - E.g. Clark & Wells (1995) model of social anxiety,
  - French & Morrison (2004) model of ARMS
- Consider systemic factors in the formulation
- Share problem list and barriers with client (and others)

#### Formulation

**Key tasks** 



# The SRT model of social disability

#### Practical barriers to social recovery

Financial, housing, transport

#### Systemic barriers to social recovery

Professionals' expectations, family protectiveness and unintended consequences of support

#### **Vulnerability factors/ early experiences**

Trauma, familial mental health problems

#### Disrupted social and personal development

Development of negative schematic beliefs – self, other and world, early withdrawal, social sensitivity

#### **COGNITIVE + BEHAVIOURAL PATTERNS OF AVOIDANCE**

Social and occupational withdrawal, lack of social involvement, lack of meaningful activity, inadequate or absent goal pursuit, negative beliefs about self, world and other, negative appraisals about current or imagined social situations, reduced hopefulness and meaning in life

#### Physiological barriers to social recovery

Insomnia, illness, fitness

#### Mental health problem barriers to social recovery

Lack of motivation, interest, pleasure, paranoia, social anxiety

#### Behavioural barriers to social recovery

Ongoing withdrawal, safety behaviours

#### Cognitive barriers to social recovery

Low hope, negative automatic thoughts, lack of values + meaning

#### Nihilistic views of self, others and world

Hopelessness, self-sabotage

#### Emotional barriers to social recovery

Low mood, shame, problems with self-regulation





Populate Jenny's SRT formulation





**Vulnerability factors/ early experiences** 

Disrupted social and personal development

Behavioural barriers to social recovery

Practical barriers to social recovery

**COGNITIVE + BEHAVIOURAL PATTERNS OF AVOIDANCE** 

Cognitive barriers to social recovery

Nihilistic views of self, others and world

Systemic barriers to social recovery

Physiological barriers to social recovery

Mental health problem barriers to social recovery

**Emotional barriers to social recovery** 



#### Resources

- SRT:
  - Fowler et al. (2012) SRT in psychosis https://onlinelibrary.wiley.com/doi/abs/10.1002/9781118330029.ch8
- Values:
  - Acceptance and Commitment Therapy http://www.stevenchayes.com/category/acceptance-and-commitment-therapy/
- Normalisation and psychoeducation:
  - French & Morrison (2008) CBT for ARMS https://onlinelibrary.wiley.com/doi/book/10.1002/9780470713259

