key learning outcomes

by the end of the session(s) you will:

- be aware of the purpose and potential value of formulation
- have an understanding of selected problem maintenance & developmental frameworks
- have engaged in a practice of using one or more selected frameworks as the basis for planning intervention
formulation: considering different frameworks

a closer look at some key frameworks:

consider the relative merits / drawbacks & their practical utility

developmental framework: the 5Ps

the 5 ‘P’s, as a basic structure & popular framework – consider the following aspects:

Presenting problem / issues
Predisposing factors OR vulnerability factors
Precipitating factors OR likely triggers
Perpetuating factors OR maintaining factors
Protective OR positive factors


the 5Ps framework
using the 5Ps framework

**Predisposing factors**
(= vulnerability & historical factors)
- factors contributing to the person's risk
  - e.g. brain injury, family history, trauma, personal beliefs, personality characteristics
  - includes static and stable risk factors

**Precipitating factors**
(= trigger factors)
- significant events / situations preceding the episode / crisis situation
  - e.g. stressful situations (relationships, physical, work, money), substance misuse
  - includes stable and dynamic risk factors

**Perpetuating factors**
(= maintaining factors)
- factors that maintain current difficulties
  - e.g. behavioural patterns (avoidance, withdrawal, escape), biological patterns (insomnia), cognitive patterns (suspiciousness), ongoing substance misuse
  - includes stable & dynamic risk factors

**Presenting problem**
(= current / immediate difficulties)
- e.g. symptoms and their immediate consequences / impact

**Positive / Protective factors**
(= strengths / resources / abilities)
- strengths or supports that may mitigate the impact of the illness / difficulties
  - e.g. personal characteristics, social supports
- see examples

---

**PRESENTING PROBLEM**

identifying difficulties, how the person's life is affected & when a particular difficulty should be targeted for intervention

- e.g. unable to maintain employment, self-harm behaviour & its physical health complications etc...

*see: MacNeil et al (2012), Dudley & Kuyken (2014)*

the 5Ps framework
using the 5Ps framework

PREDISPOSING FACTORS
identifying possible contributing factors that may put a person at risk – biological, genetic / vulnerability, environmental, psychological & personality

e.g. brain injury, family history, trauma, poverty, personal beliefs, personality characteristics


using the 5Ps framework

PRECIPITATING FACTORS
identifying significant events preceding the onset of the episode / disorder / illness

e.g. substance use, interpersonal / legal / occupational / physical / financial stressors

**using the 5Ps framework**

**PERPETUATING FACTORS**

identifying factors that maintain current difficulties

e.g. ongoing substance use, repeated behavioural patterns (avoidance, escape, safety, withdrawal, hypervigilance), biological patterns (insomnia) or cognitive patterns (attentional bias, suspiciousness)

*see: MacNeil et al (2012), Dudley & Kuyken (2014)*

**PROTECTIVE / +VE FACTORS**

identifying strengths or supports that may mitigate the impact of the disorder / illness

e.g. social supports, skills, interests, personal characteristics

influences the reduction of symptoms & increased resilience, & contributes to optimism & hope

*see: MacNeil et al (2012), Dudley & Kuyken (2014)*
### Protective / +ve Factors

<table>
<thead>
<tr>
<th>Hopefulness</th>
<th>Feeling supported / having a confidante¹,²</th>
<th>Economic security¹,²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plans for the future¹</td>
<td>Strong social and family supports / connectedness¹,²</td>
<td>Resilient personality¹</td>
</tr>
<tr>
<td>Good problem solving skills¹,²</td>
<td>Feeling responsible for dependents &amp; related concerns¹,²</td>
<td>Cognitive flexibility</td>
</tr>
<tr>
<td>Strong faith or spiritual beliefs¹</td>
<td>Relationship &amp; integration with community¹,²</td>
<td>Positive coping beliefs² &amp; a belief that suicide / violence is wrong</td>
</tr>
<tr>
<td>Positive engagement / attitude towards mental health care and support²</td>
<td>Perception of self-control</td>
<td>Having valued and meaningful roles²</td>
</tr>
<tr>
<td>Strong commitment to work / education</td>
<td>Fear of suicide / pain</td>
<td>Lack of precipitating life events / losses</td>
</tr>
</tbody>
</table>

Butler et al 2018 (& see: ¹Hart 2014, p30; ²Meaden & Hacker 2011, p49 & 82)

---

**formulation framework: the 5Ps**

The developmental formulation will show why the individual has his/her particular vulnerability
Example: 5Ps for Jenny Case Study

Vulnerability factors:
- Jenny lacks self-confidence and describes always experiencing low self-esteem (life-long traits).
- Reports having always been very sensitive to criticism.
- Tends to make unfavourable comparisons with her brother.

Triggers factors:
- Loss of her mum.
- The stressful situation at work, and the recent criticism of her work performance.
- The stressful situation of caring for her father.
- Her use of alcohol.

Presenting issues:
Jenny describes feeling low in mood and struggles with her anxiety. She reports having a poor appetite, not sleeping well, lacking energy, and struggles to motivate herself. She has occasional suicidal thoughts (thinking about taking an overdose).

Maintaining factors:
- Being on her own / sense of isolation.
- Limited supports - misses husband, when away.
- Limited contact with brother (lives some distance away).
- Impaired sleep.
- Struggling to motivate herself.
- The stress of caring for her father.
- Her use of alcohol (potential).

Positive factors:
- Jenny has strong family values – putting her family first, strong relationship with her young son, caring for her father.
- Support from her husband and brother (via telephone).
- Has a job, which she mostly enjoys.
- She is actively engaging with the service and the treatment approach.

5Ps Formulation Exercise:
- Consider & embellish the provided short case scenario (next slide) OR one of your own clients & develop a 5Ps formulation.
- Feedback your formulation to the other group members.
- Discuss the merits & drawbacks of the formulation framework.
- What are the implications for treatment / care planning?

The 5Ps Framework
5Ps formulation exercise *short case scenario*

28-year old, recovering from a psychotic episode
- Symptoms of distressing voices and paranoid thoughts, though much reduced
- Has been taking Olanzapine 10mg as prescribed – but this has led to significant weight gain
- Had two previous episodes, but tended to stop medication when was feeling better (one of which led to a compulsory admission)
- Has lost contact with old friends
- Gets on very well with elder brother
- Works as a Department Manager in Debenhams; work supervisor had been critical about their performance
- Has debts of about £10K that is a particular worry
- Recently broke up with partner
- Father and an aunt have been treated for a mental illness

---


