

IN THE NAME OF GOD

Clinical Formulation & Risk Assessment

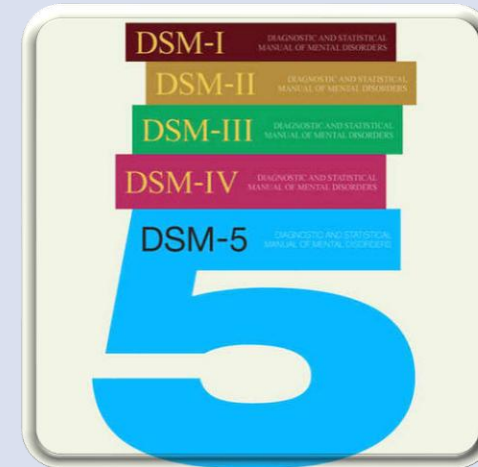
RISK ASSESSMENT

Presenter:
Dr. Solmaz Eskandari Sani
Psychiatrist

Case Formulation in Psychiatry

Beyond Diagnosis: Understanding the Patient

- ▶ **Based on DSM-5-TR**
- ▶ **Kaplan & Sadock's Comprehensive Textbook of Psychiatry (11th Edition)**
- ▶ **Bio psychosocial Model**
- ▶ **Clinical Reasoning**
- ▶ **Treatment Planning**



What is Case Formulation?

- ▶ Case formulation is the integration of biological, psychological, social, and cultural factors into a coherent explanation of the patient's condition.
- ▶ Dynamic
- ▶ Patient-centered
- ▶ Hypothesis-driven
- ▶ Guides treatment



Why Do We Need Case Formulation?

- ▶ **What disorder does the patient have”?**
- ▶ **Case Formulation answers:**
- ▶ **Why this patient?**
- ▶ **Why now?**
- ▶ **Why these symptoms?**
- ▶ **What maintains the illness?**
- ▶ **What is the best treatment?**



Diagnosis vs Case Formulation

Diagnosis

Classification

DSM-based

Static

Disease-centered

Case Formulation

Clinical Understanding

Bio psychosocial

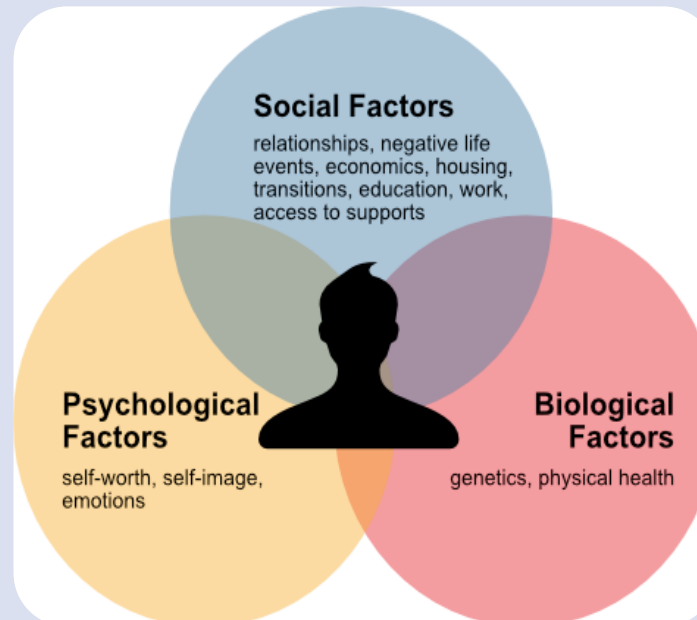
Dynamic

Patient-centered



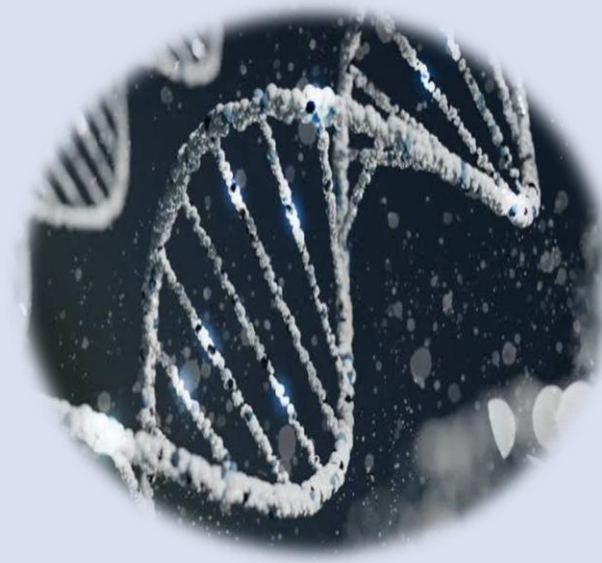
Bio psychosocial Model (Engel, Kaplan approach)

- ▶ **Biological factors**
- ▶ **Psychological factors**
- ▶ **Social factors**
- ▶ **Integrated framework**
- ▶ **Basis of modern psychiatry**



Biological Factors

- ▶ **Genetic predisposition**
- ▶ **Neurotransmitter dysfunction**
- ▶ **Medical comorbidities**
- ▶ **Substance use**
- ▶ **Sleep disorders**
- ▶ **Medication effects**



Psychological Factors

- ▶ **Personality structure**
- ▶ **Defense mechanisms**
- ▶ **Early life experiences**
- ▶ **Trauma and abuse**
- ▶ **Coping skills**
- ▶ **Cognitive patterns**



Social Factors

- ▶ **Family relationships**
- ▶ **Social support**
- ▶ **Employment status**
- ▶ **Financial stress**
- ▶ **Cultural context**
- ▶ ***Legal problems**



Vulnerability–Stress Model

- ▶ **Genetic / biological vulnerability**
- ▶ **Psychological vulnerability**
- ▶ **Environmental stressor**
- ▶ **Interaction → psychiatric disorder**



4P-Model of Formulation

- ▶ Presenting Issues
- ▶ Predisposing factors
- ▶ Precipitating factors
- ▶ Perpetuating factors
- ▶ Protective factors



Predisposing Factors

- ▶ **Genetic vulnerability**
- ▶ **Family history of psychiatric disorders**
- ▶ **Childhood trauma or abuse**
- ▶ **Personality traits**
- ▶ **Chronic medical illness**
- ▶ **Long-term psychosocial adversity**

Precipitating Factors

- ▶ **Recent loss or bereavement**
- ▶ **Job loss or financial crisis**
- ▶ **Relationship breakdown**
- ▶ **Acute medical illness**
- ▶ **Substance use initiation or escalation**
- ▶ **Major life transitions**

Perpetuating Factors

- ▶ **Non-adherence to treatment**
- ▶ **Ongoing psychosocial stress**
- ▶ **Substance use**
- ▶ **Sleep disturbance**
- ▶ **Family conflict or expressed emotion**
- ▶ **Cognitive distortions and avoidance**

Protective Factors

- ▶ **Strong family support**
- ▶ **Good insight**
- ▶ **Motivation for treatment**
- ▶ **Stable employment**
- ▶ **Adaptive coping skills**
- ▶ **Cultural or religious beliefs**

Case Formulation and Differential Diagnosis

- ▶ Rule out medical causes
- ▶ Rule out substance-induced disorders
- ▶ Consider personality disorders
- ▶ Consider neurocognitive disorders
- ▶ Integrate findings into one hypothesis



Formulation and Treatment Planning

Biological



Pharmacotherapy

Psychological



Psychotherapy

Social



Family & social interventions

Continuous re-evaluation

Clinical Example of Formulation

- ▶ **Predisposing: Family history of depression**
- ▶ **Precipitating: Job loss**
- ▶ **Perpetuating: Social isolation, insomnia**
- ▶ **Protective: Family support**
- ▶ **Diagnosis: Major Depressive Disorder**
- ▶ **Plan: SSRI + CBT + family education**



Risk Assessment

- ▶ **Suicide risk**
- ▶ **Violence risk**
- ▶ **Self-neglect**
- ▶ **Vulnerability**
- ▶ **Static & Dynamic risk factors**
- ▶ **Protective factors**
- ▶ **Clinical decision-making**



**RISK
ASSESSMENT**



Thank You

