

## Commentary

### The role of formulation in psychotherapy practice

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Formulation is a crucial practice in psychotherapy, whereby explanations for experience are brought together with an evidence base for practice within an ethical framework of conduct. This guides and directs action for all participants within an iterative process of feedback and action. Formulation is emancipatory in intent, and provides accountability for practice. Formulation has a long history in the field of psychotherapy and within mental health disciplines. The paper by Bertrando and Arcelloni (2006) is a most interesting account of development in the Milan systemic psychotherapy approach to hypothesizing.

Many systemic practitioners and systemic psychotherapists are trained in more than one model of psychotherapy practice. This provides the cradle and web for integrative thinking, or conceptual eclecticism, as it is sometimes called, and borrowing from Cecchin's (1987) assertion that thinking systemically amounts to a systemic approach to practice, then holding multiple theories and possible explanations in mind provides the basis for an integrative approach to formulation (Weerasekera, 1996). In many psychotherapies clear formulation guides action and technique. My experience of working within the European Association for Family Therapy teaches me that this is so for the majority of our members. Thus I am somewhat perplexed by Bertrando and Arcelloni's account of the practice of sharing their systemic hypotheses and integrating them into a formulation as a later development in their practice. I am curious as to why their thinking does not appear to be located within the broader field of psychotherapy practice per se. I can only imagine that it has been, perhaps at a more implicit level, as most of us are dual trained and have access to many social science and humanistic disciplines, but perhaps most of their energy went into defining and developing a specifically named approach to systemic psychotherapy.

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The importance of working collaboratively with individuals, couples, families and kin, and professional teams has underpinned formulation practice in many of the major models of psychotherapy for a long time. For example, the work of Rogerian psychotherapists in sharing their principles of genuineness, warmth and unconditional positive regard (Rogers, 1972; Bott, 2001); cognitive analytic therapy progresses on the basis of a shared formulation (Ryle, 1995); the functional analysis of behaviour therapists relies on a collaborative approach to information gathering about the possible contextual determinants of behaviour and the wider consequences of action so that parents and families, for example, may 'design' their own approaches to looking after their children (Byrne *et al.*, 1988); personal construct therapy identifies shared and specific constructs through a process of mapping that relies on all participants' understanding of the process (Kelly, 1955; Proctor, 1981); schema-focused cognitive therapies work through a shared approach to understanding early experience and how it may influence thoughts and beliefs about the self, others and future possibilities (Needleman, 1999). All of these psychotherapies have an evidence base. I have not included the field of psychodynamic psychotherapies in this list, as I am less convinced of their collective commitment to collaborative formulation, although they have long traditions of formulation as the ethical basis of accountability for their practice.

Where I think the field of the systemic psychotherapies has made an important contribution to collaborative and integrative formulation practices is in the notion of ongoing, iterative assessment that pays attention to the weave of content and process, mediated by shared and reflective observation. Assessment is not a one-off activity. Our practice of following the feedback in meetings, checking our developing understandings with all concerned, and remaining open to revising such understandings in the light of 'new' information keeps us accountable to our thinking and actions. Rudi Dallos and I have written about the process of integrative and collaborative formulation in the systemic field (Vetere and Dallos, 2003), and Dallos has recently edited a book with Lucy Johnstone that celebrates the different approaches to collaborative and integrative formulation across the wider field of psychotherapy (Johnstone and Dallos, 2006).

Speaking personally, the confidence of age and long experience in practice brings the pleasure of holding many theories of human behaviour lightly, with the ability to follow the systemic ideas of good fit in a more relaxed way. As a trainer, I understand that this

capacity to work lightly does not come easily, and is earned, often through an anxious process of trial by fire, but always underpinned by an openness to feedback in a more public context of supervision and critical reflection. All theory and philosophical bias can be used in a rigid, abusive and coercive way and I appreciate that team working does not always bring a public context of accountability. A collaborative approach to formulation may go some way towards protecting against the imposition of ideas that do not fit or work for the people concerned. However, I am very interested in the psychotherapy process research which suggests that beyond being listened to and understood by a caring trusted other, the benefits of counselling and psychotherapy lie in the area of learning to think like your therapist – a process of psychoeducation of sorts, where people are inducted into a model of change – so that we encourage people to think relationally and to develop a relational regard for others when their own capacity for empathy feels overwhelmed (Toukmanian and Rennie, 1992). Our theories may be said to inform what we notice and how we approach our early meetings with people, as much as our co-evolving dialogues may be said to influence the therapists' preferred ways of being.

As systemic practitioners we sometimes feel ourselves to be pioneers in mental health contexts where other psychotherapy ideas may hold sway. Sharing our explanations and reasons for action with our clients and colleagues promotes clear and constructive communication, and reflects the philosophical basis of the Ten Essential Shared Capabilities (2004) agreed by the UK Department of Health to inform all mental health practice. The emphasis within the document on promoting resilience and recovery, with a commitment to positive thinking, sits well within systemic thinking and gives us an opportunity to contribute to multi-disciplinary practices. The UK government's programme of social inclusion and commitment to socially inclusive practice, particularly in how we train the workforce, equally relies on practices of open and clear communication between mental health workers and their client groups ([www.socialinclusion.org.uk](http://www.socialinclusion.org.uk)). Hence our shared history of integrative and collaborative formulation helps position us as workers who can reach out to others, able to share our ideas, and to take an interest in others'.

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