Assessment & Formulation in CBT

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Role of CBT Theory

- Assessment & formulation is based on CBT theory
- CBT is an umbrella term
- There is no one single theory of CBT
- Different theories will emphasise different aspects of CBT

CBT Assessment & Formulation of Anxiety Disorders

- There are a number of anxiety disorders
- There are a number of different theoretical accounts of anxiety disorders
  - GAD: Borkovec, Wells
  - Panic: Clarke
  - OCD: Salkovsis; Clarke
  - Social Phobia: Rapee
- Different anxiety disorders & theoretical accounts will also emphasise different targets for assessment & treatment

CBT Assessment & Formulation of Anxiety Disorders: Common Elements

- **Increased attention to threatening & dangerous stimuli**
- **Distorted perception & interpretation of internal & external events**
- **Irrational assumptions & beliefs (themes)**
- **Maladaptive coping responses**

Increased attention to threatening & dangerous stimuli

- More likely to be aware of what they perceive to be threatening &/or dangerous
- Biased & distorted attention
- Example:
  - Panic: bodily sensations such as heart rate or breathing
  - OCD: intrusive thoughts or images
  - Social Phobia: other people's reactions

Distorted perception & interpretation of internal & external events

- Overestimated perception of threat & danger: *“What if …?”*
- Exaggeration of the consequences of negative events occurring: *“It will be absolutely awful”*
- Underestimated perception of own ability to cope: *“I won’t be able to handle this”*

Irrational assumptions & beliefs

- *Danger Schemas* (Beck): "The world is a dangerous & threatening place"
- *Acceptance*: "I am nothing unless I am loved"
- *Competence*: "I have to do everything perfectly"
- *Responsibility*: "I am solely responsible for how things turn out"
- *Control*: "I have to be in control at all times"

Irrational assumptions & beliefs: Metacognitive beliefs about worry

- “If something might be dangerous or unpleasant I should worry about it a lot”
- “Worrying keeps me in control”
- “Worry protects me from danger”
- “Worrying is uncontrollable”
- “Worry can cause mental illness”
- “Worry can lead to a loss of control”
- “Worrying can damage my body”

Irrational assumptions & beliefs: Metacognitive beliefs about obsessions

- Significance:
  - “Every thought or image is meaningful”
- Thought-action fusion:
  - “Thinking something increases the chances that a negative outcome will occur”
  - “Having a bad thought is just as bad as performing the act”
- Control:
  - “I can & must control my thoughts. Failure to do so will lead to dire consequences”

Maladaptive coping responses

- Avoidance of feared objects or situations
- Escape from feared objects or situations
- Safety behaviours:
  - Panic: Using the lift rather than the stairs so as to avoid an increase in heart & breathing rate
  - Social Phobia: Carrying a bottle of water when in social situations so no one notices they have a dry throat
  - OCD: Checking that the iron is turned off repeatedly
- Cognitive avoidance: thought suppression; distraction, thought rituals

Modes of Assessment

- Behavioural interview
- Self-monitoring
- Self-report questionnaires
- Information from other people
- Direct observation of behaviour in clinical settings
    - Role play
    - Behaviour tests

Behavioural Interview: Brief description of problems

General outline of the person's problems

- "Can you describe what happened last time you were upset?"
- "When was that?"
- "What was the first thing you noticed?"
- "In what way has your life changed since you developed these problems?"
- "What does the problem prevent you from doing?"
- "What have you had to give up because of the problem?"

Provide summary to patient & check for accuracy

- "You seem to be saying that ….."
- "Have I got that right? Is there anything I have missed?"

Behavioural interview: Development of the problem

Onset & precipitants

- May be a clear immediate precipitant such as a stressful life event of major change
- Consider typical life events that may be associated with the onset of the problem (developmental or phase of life issues)
- Problem may have developed gradually with a succession of events contributing to the problem

Behavioural interview: Development of the problem

Time course

- The way the problem has developed since it’s onset
- Why has the patient presented for therapy at this time?
- Has it persisted steadily or has it fluctuated?
- Plot an event-time chart
- Emphasis on the present rather than the past at this stage of the assessment

Behavioural Interview: CB Functional Analysis: ABC Technique

- **Antecedents:** what precedes the onset of the problem
- **Beliefs & Behaviour**: what are the thoughts, beliefs & actions displayed
- **Consequences:** positive & negative outcomes that result from the behaviour (reinforcers)

Behavioural Interview: CB Functional Analysis

Situation

- Where were you?
- What were you doing?
- When did this happen?
- Who else was there?

Bodily reactions

- What did you notice happening to your body?
- What sensations did you experience?

Behavioural Interview: CB Functional Analysis

Cognitions

- At the moment you were feeling anxious, what was going through your mind?
- What were you thinking to yourself?
- What were you saying to yourself?
- Did you have an image in your mind at the time?
- Did you see anything in particular?
- What were you afraid might happen?
- What was the worst thing you thought might happen?

Behavioural Interview: CB Functional Analysis

Behaviour

- What did you do?
- Did you avoid the situation?
- Did you leave the situation?
- Did you do anything to feel less anxious? (safety behaviours & cognitive avoidance)

Behaviour of others

- How did X react?
- What did X do/say?

Behavioural Interview

List of situations the problem is most likely to occur or is severe

- Are there any situations in which you are particularly likely to feel anxious/have a panic attack/worry/feel nauseous etc?

Behavioural Interview

Avoidance/escape/safety behaviour/cognitive avoidance

- Are there any situations which you avoid because of anxiety?
- Are there any things you used to do before you developed an anxiety problem that you don’t do now?
- When you notice anxiety symptoms are there things that you won’t do?
- When you notice anxiety symptoms are there any things that you do in order to protect yourself (from fainting, going mad, losing control)?

Behavioural Interview

Modulators

- Are there things that make your symptoms stronger or more likely to occur?
- Are there things that make your symptoms better or less likely to occur?

Attitudes or behaviours of significant others

- What does X think about your anxiety?
- What does X do when you are feeling anxious?

Behavioural Interview

Beliefs about the cause of their anxiety

- Patients are unlikely to engage in treatment if they harbor beliefs that is incongruent with their own beliefs about the nature of their anxiety
- Examples"
  - "I have a physical condition that can only be helped by physical treatment"
  - "I have a biochemical imbalance & only medication will be effective"

Behavioural Interview

- Medication (prescribed & non-prescribed)
- Previous treatment (types, outcome)
- Personal strengths & assets
- Psychosocial situation
  - Family
  - Relationships
  - Accommodation
  - Occupation
  - Hobbies/Interests

Self-Monitoring

- Requires the patient to collect information on their problems between sessions
- Needs to be specific with clearly defined targets
- What to collect: Frequency, intensity & duration of the targets
- Provide patients with a record form
- Keep it as simple as possible
- Record information as soon possible after the event
- Examples:
  - Record of events & experience of anxiety
  - Record of thoughts, bodily sensations & behavours when anxious

Self-Report Questionnaires

- Depression Anxiety & Stress Scale (Lovibond & Lovibond, 1995)
- Speilberger State-Trait Anxiety Inventory (Speilberger, 1983)
- Beck Anxiety Inventory (Beck, 1993)
- Penn State Worry Questionnaire (Meyer et. al. 1990)
- Worry Domains Questionnaire (Tallis et. Al. 1992))
- Fear of Negative Evaluation Scale (Waytson & Friend, 1969)
- Yale-Brown Obsessive Compulsive Disorder Scale
- Obsessive Compulsive Inventory (Foa et. Al. 1998)

Information from others

Interviews:

- What impact has the problem had on the person?
- What are the person's beliefs about the problem?
- How does the person cope with the problem?
- How does X respond to the problem? Do they reinforce maladaptive behaviour & coping strategies:
  - Do they encourage or support avoidance, escape or safety behaviours?
  - Do they challenge the person's negative thoughts & beliefs?

Direct Observation of Behaviour: Role Plays

Especially useful for the assessment of problems in social situations:

- Interpersonal skills deficits
- Communication skills deficits
- Assertiveness skills – saying no

Can be self-monitored thereafter

- Identify thoughts that contribute to feelings & physical sensations
- Link with behaviours displayed in role-play

Direct observation of behaviour: Behaviour Tests

- Confront rather than avoid the phobic situation or object
- Confront phobic situation without safety behaviours
- Examples:
  - Attend work drinks rather than making an excuse & avoiding
  - Don’t carry a bottle of water while at work drinks
  - Walk up the staircase rather than take the lift
  - Don’t check the iron
- Self-monitor thereafter
  - Thoughts & beliefs; feelings; physical sensations; behaviours; consequences or outcome of the behaviour

CBT Formulation

- CBT Formulation will stem from a thorough CBT assessment
- Incorporates consideration of the following:
  - Predisposing Factors
  - Precipitating Factors
  - Perpetuating Factors
- A thorough CBT formulation will incorporate a consideration of these factors & thereby guide any therapeutic intervention

CBT Formulation: Predisposing Factors

- Factors that did not directly cause the development of the disorder but increased the risk or probability of the eventual development of an emotional disorder
- Also referred to as vulnerability factors
- Examples:
  - Genetic make-up
  - Learning which occurs in childhood
  - Childhood illnesses
  - **Underlying assumptions, core beliefs, schemas**
- Usually present some substantial amount of time prior to the development of the disorder

CBT Formulation: Precipitating Factors

- Factors that are associated with he manifestation of the disorder
- In the absence of predisposing factors they may be the complete cause of the disorder, or contribute to the development of the disorder, in conjunction with the predisposing factors
- Can be events that are either internal or external to the person
- Examples:
  - Illness
  - Losing a job
  - Ending a relationship
  - Natural disaster
  - Death of a loved one

Stress-Diathesis Model

- Diathesis = Weakness or predisposing factor that renders the person vulnerable to developing the disorder
- Stress = Noxious stimulus or precipitating factor that causes the diathesis to manifest
- Disorder = Diathesis + Stress

CBT Formulation: Perpetuating Factors

- Factors that cause the disorder to continue to manifest, once the precipitating event has occurred
- Also referred to as maintaining factors
- Can be continuations of predisposing &/or precipitating factors
- Can be sufficient for the maintenance of a disorder by itself or contributory
- Can be internal or external to the person
- Examples:
  - Continuation of an illness
  - Continuation of an unhealthy relationship
  - **Maladaptive behaviour pattern such as avoidance of feared situations or objects**
  - **Maladaptive way of interpreting situations**

CBT Formulation: Putting it all together

- 25 year old lady

Presenting problems

- A tendency to worry constantly about most things especially what others think of her & being left alone (boyfriend leaving her)
- Finds it very hard to not worry & just relax
- Experiencing muscle tension, irritability, agitation, disturbed sleep
- Finds it hard to socialise & tends to avoid interacting with people she doesn't know very well
- Tendency to seek reassurance from others, especially her boyfriend who is finding this to be frustrating & annoying, leading to frequent conflict

CBT Formulation: Putting it all together

Onset & precipitants

- Has felt this way “forever”
- No obvious recent trigger for problems
- Decided to seek help after a recent “melt down” where she became very distressed & anxious.

Time course

- As noted, seemingly life-long
- Has been better since moving away from her family 8 years ago (interstate)

CBT Formulation: Putting it all together

<u>CB functional analysis of recent occurrence of the problem</u>

- **<u>Situation</u>:** At home alone completing some work on a Sunday afternoon. Waiting for a call from her boyfriend to tell her where to meet up with him & their friends for dinner that night. Couldn’t go out with her boyfriend & friends because she needed to finish an article by Monday. Some time passes & no phone call is received. Attempts to contact her boyfriend & other friends but no answer.

CBT Formulation: Putting it all together

Bodily sensations

- Tension
- Butterflies in stomach
- Headache

Cognitions

- "They are having a good time without me"
- "They are going to leave me out of dinner"
- "They don't want me around"
- "I'm such an idiot"
- "X doesn't really love me"
- "X is going to leave me"
- Images of her boyfriend & friends having a good time, laughing, joking & talking about her

CBT Formulation: Putting it all together

Behaviours

- Attempts to distract herself unsuccessfully
- Tries to contact her boyfriend & friends repeatedly with no success

Behaviour of others

- Boyfriend eventually calls. Reassures her there is nothing to worry about. States he had his phone on silent because they were watching a movie. Others didn't have phone on or with them or didn't hear it ring. Tells her where to meet them for dinner.

CBT Formulation: Putting it all together

List of situations problem is most likely to occur or be severe

- Social situations especially meeting people for the first time & being around strangers
- Pressure or deadlines at work
- When boyfriend goes out alone or when away from boyfriend

CBT Formulation: Putting it all together

Avoidance/escape/safety behaviours

- Tends to avoid social interaction with strangers
- Clings to boyfriend in such social situations
- Often makes excuses when out alone & leaves
- Calls boyfriend a lot when away from him

Modulators

- Being without boyfriend tends to make symptoms stronger or more likely to occur?
- When feels she is looking better tends to feel less anxious

CBT Formulation: Putting it all together

Attitudes or behaviours of significant others

- Boyfriend tells her she is being silly most of the time & that she has nothing to worry about
- Tends to argue
- Tends to stay close by her when out socially

Medication (prescribed & non-prescribed)

- Nil

Previous treatment (types, outcome)

- Saw a counselor about 5 years ago but "it didn't work out"

CBT Formulation: Putting it all together

Personal strengths & assets

- Intelligent
- Articulate
- Insightful

Psychosocial situation

- Family: parents live in Queensland; eldest of 7 children; described parents relationship as volatile & alternative; little contact with family other than phone & email for the past 6 years
- Relationships: boyfriend of 9 years who "saved me from my family"
- Accommodation: lives with boyfriend
- Occupation: free lance journalist looking for permanent work

CBT Formulation: Putting it all together

Predisposing Factors:

- Difficult upbringing: lack of stability, predictability & security
- Volatile parental relationship with occasions of physical violence
- Temperament: anxious, sensitive
- Core beliefs about abandonment & rejection
- Need for acceptance & approval & perfection
- Danger Schema

CBT Formulation: Putting it all together

Precipitating Factors:

- No major stressful life event
- "melt down" the final straw: no longer wants to "live this way"
- Fear that boyfriend will tire of her behaviour & leave (ultimate threat)

CBT Formulation: Putting it all together

Perpetuating Factors:

- Illogical interpretations of events & inaccurate predictions
  - Inflated perception of risk for negative events occurring (Worry constantly)
  - Belief that people were constantly judging her in a negative way
  - No belief in her ability to cope on her own
- Avoidance of or escape from feared situations
- Seeking & gaining constant reassurance from her boyfriend

CBT Formulation: Putting it all together Treatment Plan

- Educate in CBT model: understand causal relationship between thoughts, body sensations, feelings & behaviours
- Challenge illogical interpretations & predictions using cognitive disputation techniques
- Use exposure tasks & behaviour experiments to further test negative interpretations & predictions, especially in social situations
- Learn relaxation skills to reduce anxiety levels

Summary

- CBT assessment & formulation is grounded in CBT theory
- Assessment can incorporate a number of different techniques
- Formulation stems from the assessment
- Treatment stems from the formulation
- Both assessment & formulation are ongoing processes & not just relevant at the commencement of therapy

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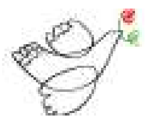
THE MARIAN CENTRE
Growth through choice and understanding



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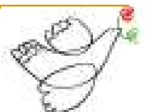

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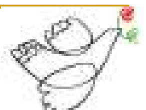

CBT Assessment & Formulation of Anxiety Disorders: Common Elements

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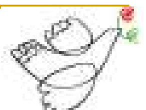

Increased attention to threatening & dangerous stimuli

- More likely to be aware of what they perceive to be threatening &/or dangerous
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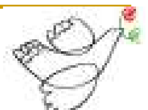

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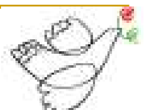

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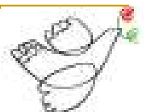

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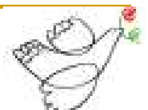

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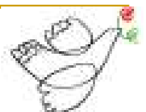

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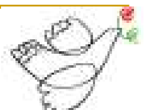

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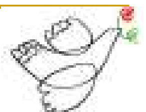

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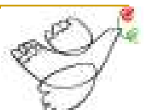

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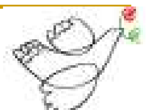

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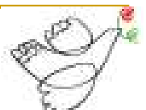

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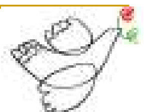

Behavioural Interview: CB Functional Analysis

Situation

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Bodily reactions

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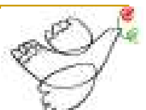

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Cognitions

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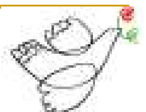

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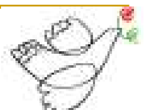

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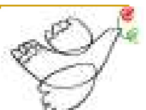

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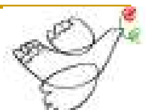
- When you notice anxiety symptoms are there things that you won't do?
- When you notice anxiety symptoms are there any things that you do in order to protect yourself (from fainting, going mad, losing control)?



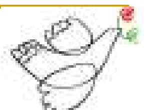
Behavioural Interview

Modulators

- Are there things that make your symptoms stronger or more likely to occur?
- Are there things that make your symptoms better or less likely to occur?

Attitudes or behaviours of significant others

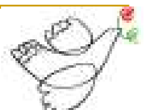
- What does X think about your anxiety?
- What does X do when you are feeling anxious?



Behavioural Interview

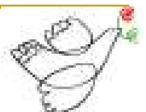
Beliefs about the cause of their anxiety

- Patients are unlikely to engage in treatment if they harbor beliefs that is incongruent with their own beliefs about the nature of their anxiety
- Examples”
  - “I have a physical condition that can only be helped by physical treatment”
  - “I have a biochemical imbalance & only medication will be effective”



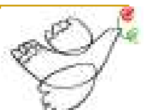
Behavioural Interview

- Medication (prescribed & non-prescribed)
- Previous treatment (types, outcome)
- Personal strengths & assets
- Psychosocial situation
  - Family
  - Relationships
  - Accommodation
  - Occupation
  - Hobbies/Interests



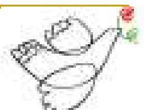
Self-Monitoring

- Requires the patient to collect information on their problems between sessions
- Needs to be specific with clearly defined targets
- What to collect: Frequency, intensity & duration of the targets
- Provide patients with a record form
- Keep it as simple as possible
- Record information as soon possible after the event
- Examples:
  - Record of events & experience of anxiety
  - Record of thoughts, bodily sensations & behavours when anxious



Self-Report Questionnaires

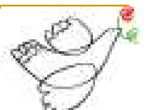
- Depression Anxiety & Stress Scale (Lovibond & Lovibond, 1995)
- Speilberger State-Trait Anxiety Inventory (Speilberger, 1983)
- Beck Anxiety Inventory (Beck, 1993)
- Penn State Worry Questionnaire (Meyer et. al. 1990)
- Worry Domains Questionnaire (Tallis et. Al. 1992))
- Fear of Negative Evaluation Scale (Waytson & Friend, 1969)
- Yale-Brown Obsessive Compulsive Disorder Scale
- Obsessive Compulsive Inventory (Foa et. Al. 1998)



Information from others

Interviews:

- What impact has the problem had on the person?
- What are the person's beliefs about the problem?
- How does the person cope with the problem?
- How does X respond to the problem? Do they reinforce maladaptive behaviour & coping strategies:
  - Do they encourage or support avoidance, escape or safety behaviours?
  - Do they challenge the person's negative thoughts & beliefs?



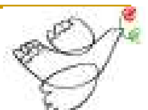
Direct Observation of Behaviour: Role Plays

Especially useful for the assessment of problems in social situations:

- Interpersonal skills deficits
- Communication skills deficits
- Assertiveness skills – saying no

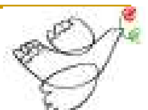
Can be self-monitored thereafter

- Identify thoughts that contribute to feelings & physical sensations
- Link with behaviours displayed in role-play



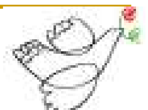
Direct observation of behaviour: Behaviour Tests

- Confront rather than avoid the phobic situation or object
- Confront phobic situation without safety behaviours
- Examples:
  - Attend work drinks rather than making an excuse & avoiding
  - Don’t carry a bottle of water while at work drinks
  - Walk up the staircase rather than take the lift
  - Don’t check the iron
- Self-monitor thereafter
  - Thoughts & beliefs; feelings; physical sensations; behaviours; consequences or outcome of the behaviour



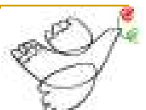
CBT Formulation

- CBT Formulation will stem from a thorough CBT assessment
- Incorporates consideration of the following:
  - Predisposing Factors
  - Precipitating Factors
  - Perpetuating Factors
- A thorough CBT formulation will incorporate a consideration of these factors & thereby guide any therapeutic intervention



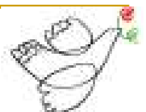
CBT Formulation: Predisposing Factors

- Factors that did not directly cause the development of the disorder but increased the risk or probability of the eventual development of an emotional disorder
- Also referred to as vulnerability factors
- Examples:
  - Genetic make-up
  - Learning which occurs in childhood
  - Childhood illnesses
  - **Underlying assumptions, core beliefs, schemas**
- Usually present some substantial amount of time prior to the development of the disorder



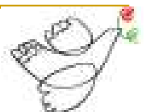
CBT Formulation: Precipitating Factors

- Factors that are associated with he manifestation of the disorder
- In the absence of predisposing factors they may be the complete cause of the disorder, or contribute to the development of the disorder, in conjunction with the predisposing factors
- Can be events that are either internal or external to the person
- Examples:
  - Illness
  - Losing a job
  - Ending a relationship
  - Natural disaster
  - Death of a loved one



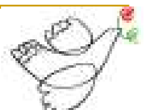
Stress-Diathesis Model

- Diathesis = Weakness or predisposing factor that renders the person vulnerable to developing the disorder
- Stress = Noxious stimulus or precipitating factor that causes the diathesis to manifest
- Disorder = Diathesis + Stress



CBT Formulation: Perpetuating Factors

- Factors that cause the disorder to continue to manifest, once the precipitating event has occurred
- Also referred to as maintaining factors
- Can be continuations of predisposing &/or precipitating factors
- Can be sufficient for the maintenance of a disorder by itself or contributory
- Can be internal or external to the person
- Examples:
  - Continuation of an illness
  - Continuation of an unhealthy relationship
  - **Maladaptive behaviour pattern such as avoidance of feared situations or objects**
  - **Maladaptive way of interpreting situations**



CBT Formulation: Putting it all together

- 25 year old lady

Presenting problems

- A tendency to worry constantly about most things especially what others think of her & being left alone (boyfriend leaving her)
- Finds it very hard to not worry & just relax
- Experiencing muscle tension, irritability, agitation, disturbed sleep
- Finds it hard to socialise & tends to avoid interacting with people she doesn't know very well
- Tendency to seek reassurance from others, especially her boyfriend who is finding this to be frustrating & annoying, leading to frequent conflict

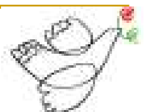
CBT Formulation: Putting it all together

Onset & precipitants

- Has felt this way "forever"
- No obvious recent trigger for problems
- Decided to seek help after a recent "melt down" where she became very distressed & anxious.

Time course

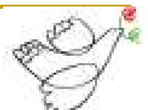
- As noted, seemingly life-long
- Has been better since moving away from her family 8 years ago (interstate)



CBT Formulation: Putting it all together

CB functional analysis of recent occurrence of the problem

- **Situation:** At home alone completing some work on a Sunday afternoon. Waiting for a call from her boyfriend to tell her where to meet up with him & their friends for dinner that night. Couldn't go out with her boyfriend & friends because she needed to finish an article by Monday. Some time passes & no phone call is received. Attempts to contact her boyfriend & other friends but no answer.



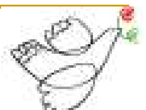
CBT Formulation: Putting it all together

Bodily sensations

- Tension
- Butterflies in stomach
- Headache

Cognitions

- "They are having a good time without me"
- "They are going to leave me out of dinner"
- "They don't want me around"
- "I'm such an idiot"
- "X doesn't really love me"
- "X is going to leave me"
- Images of her boyfriend & friends having a good time, laughing, joking & talking about her



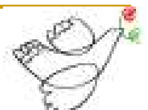
CBT Formulation: Putting it all together

Behaviours

- Attempts to distract herself unsuccessfully
- Tries to contact her boyfriend & friends repeatedly with no success

Behaviour of others

- Boyfriend eventually calls. Reassures her there is nothing to worry about. States he had his phone on silent because they were watching a movie. Others didn't have phone on or with them or didn't hear it ring. Tells her where to meet them for dinner.



CBT Formulation: Putting it all together

<u>List of situations problem is most likely to occur or be severe</u>

- Social situations especially meeting people for the first time & being around strangers
- Pressure or deadlines at work
- When boyfriend goes out alone or when away from boyfriend

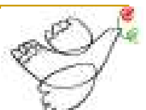
CBT Formulation: Putting it all together

Avoidance/escape/safety behaviours

- Tends to avoid social interaction with strangers
- Clings to boyfriend in such social situations
- Often makes excuses when out alone & leaves
- Calls boyfriend a lot when away from him

Modulators

- Being without boyfriend tends to make symptoms stronger or more likely to occur?
- When feels she is looking better tends to feel less anxious



CBT Formulation: Putting it all together

Attitudes or behaviours of significant others

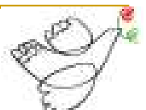
- Boyfriend tells her she is being silly most of the time & that she has nothing to worry about
- Tends to argue
- Tends to stay close by her when out socially

Medication (prescribed & non-prescribed)

- Nil

Previous treatment (types, outcome)

- Saw a counselor about 5 years ago but "it didn't work out"



CBT Formulation: Putting it all together

Personal strengths & assets

- Intelligent
- Articulate
- Insightful

Psychosocial situation

- Family: parents live in Queensland; eldest of 7 children; described parents relationship as volatile & alternative; little contact with family other than phone & email for the past 6 years
- Relationships: boyfriend of 9 years who "saved me from my family"
- Accommodation: lives with boyfriend
- Occupation: free lance journalist looking for permanent work

CBT Formulation: Putting it all together

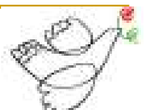
Predisposing Factors:

- Difficult upbringing: lack of stability, predictability & security
- Volatile parental relationship with occasions of physical violence
- Temperament: anxious, sensitive
- Core beliefs about abandonment & rejection
- Need for acceptance & approval & perfection
- Danger Schema

CBT Formulation: Putting it all together

Precipitating Factors:

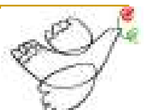
- No major stressful life event
- “melt down” the final straw: no longer wants to “live this way”
- Fear that boyfriend will tire of her behaviour & leave (ultimate threat)



CBT Formulation: Putting it all together

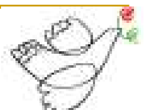
Perpetuating Factors:

- Illogical interpretations of events & inaccurate predictions
  - Inflated perception of risk for negative events occurring (Worry constantly)
  - Belief that people were constantly judging her in a negative way
  - No belief in her ability to cope on her own
- Avoidance of or escape from feared situations
- Seeking & gaining constant reassurance from her boyfriend



CBT Formulation: Putting it all together
Treatment Plan

- Educate in CBT model: understand causal relationship between thoughts, body sensations, feelings & behaviours
- Challenge illogical interpretations & predictions using cognitive disputation techniques
- Use exposure tasks & behaviour experiments to further test negative interpretations & predictions, especially in social situations
- Learn relaxation skills to reduce anxiety levels



Summary

- CBT assessment & formulation is grounded in CBT theory
- Assessment can incorporate a number of different techniques
- Formulation stems from the assessment
- Treatment stems from the formulation
- Both assessment & formulation are ongoing processes & not just relevant at the commencement of therapy