

Evaluating the Role of Formulation in Counselling Psychology: A Systematic Literature Review

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Abstract

Despite the importance placed upon the concept and act of formulation across multiple therapeutic approaches, there is a lack of literature from within the profession of counselling psychology directly on the role, use and practice of formulation, with existing literature predominantly emanating from the related yet distinct therapeutic fields of counselling, psychotherapy, clinical psychology or psychiatry. This, in conjunction with the controversies and lack of consensus on the subject, as well as the demands of the professional and regulatory bodies, have led to this paper. Our aim is to shed light on the role that formulation plays within the profession under the lens of counselling psychology's philosophical underpinnings. More specifically, this systematic review investigates whether formulation may be considered as fact or opinion; whether formulations across therapeutic approaches may be cohesive or divisive within counselling psychology practice; whether formulations should be undertaken inclusively with clients and other professionals or exclusively by the practitioner. Such exploration uncovers key areas of debate and potential considerations for the profession regarding how formulation is approached, utilised in clinical practice and, taught by training institutions.

Keywords: formulation, case conceptualisation, counselling psychology, counselling psychology training, psychological therapy, scientist-practitioner model

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Background

Formulation is a skill required of counselling psychologists globally, and forms part of the profession's identity as a branch of applied psychology. In the UK, The Health and Care Professions Council (HCPC, 2015) highlights in its *Standards of Proficiency for Practitioner Psychologists*, that formulation should be used to assist multidisciplinary working and communication, shared with service users to support an understanding of their experience, revised as necessary in light of new information, used to assess and plan interventions considering client perspectives and form part of a therapeutic cycle adhering to a scientist- and reflective-practitioner model. Specifically, regarding counselling psychologists, the HCPC (2015) standards state that practitioners must “be able to formulate service users’ concerns within the chosen therapeutic models” and to implement therapeutic or alternative interventions based on “psychological formulation... appropriate to the presenting problem and to the psychological and social circumstances of the service user” (p. 24). Furthermore, the Division of Counselling Psychology (DCoP, 2005), the profession’s representative division within the wider body of the British Psychological Society (BPS) in the United Kingdom, discusses formulation as a step within the broader therapeutic processes of assessment and intervention, whilst critically considering the context affecting a cli-

ent's experience. Despite these requirements and recommendations, there appears to be a lack of literature and discussion emanating from the profession on the use and practice of formulation.

The concept of formulation is contentious within some therapeutic approaches, for example within person-centred schools of thought. This is explored in [Simms's \(2011\)](#) proposal for and [Gillon's \(2012\)](#) counter-argument against a person-centred model of formulation. However, while formulation is a skill required of counselling psychologists, we question whether there should be clearer guidance and considerations for formulating within clinical practice. The aim of this literature review is to, therefore, examine existing views upon and applications of formulation within counselling psychology and the related mental health fields of psychology, psychiatry and psychotherapy, to better understand and evaluate the debates within the subject and, therefore, the role formulation may take in modern counselling psychology practice.

[Crellin \(1998\)](#) describes the term 'formulation' appearing in UK clinical psychology publications in the 1950s, emerging alongside the new profession as clinical psychology attempted to position itself as an alternative to psychiatry. As the applied psychological professions have developed, the concept of psychological formulation as a distinctive skill set has been similarly embraced by counselling, health and educational psychologists ([Johnstone & Dallos, 2014](#)). Despite its inclusion within the applied psychological professions for over 60 years, no single definition of formulation currently exists; however, we feel that [Johnstone and Dallos's \(2014\)](#) summary of the common features of psychological formulation reflects a broad description which seems useful and applicable across therapeutic approaches and professions. The authors state that the common features of formulation include:

Summarise the client's core problems; indicate how the client's difficulties may relate to one another, by drawing on psychological theories and principles; suggest, on the basis of psychological theory, why the client has developed these difficulties, at this time and in these situations; give rise to a plan of intervention which is based in the psychological processes and principles already identified; are open to revision and re-formulation. (p. 6)

In essence, formulation is the application of psychological theory to an individual's circumstances, to help explain and understand their current experience and potentially to guide therapeutic intervention.

Method

Search Strategy

The search service hosted by EBSCO was used to search the six databases: MEDLINE; Psychology and Behavioural Sciences Collection; ERIC; ProQuest; PsychINFO and PsychARTICLES for peer-reviewed, published articles. Combinations of the keyword 'formulation' in the title field, alongside related psychological and therapeutic terms with no specified fields, were used to perform the searches. 'Wildcard' operators were used where search terms had alternative spellings or stems; see [Table 1](#) for included and excluded terms.

Table 1

Keywords Included and Excluded From Database Searches and Rationale

Keywords	Application	Rationale
'formulation'	Consistently searched in 'title' field	The search term 'formulation' was required to appear in the title of all articles screened, to keep the literature relevant and ensure that the material predominantly focused upon formulation, rather than an unrelated topic.
'counselling' / 'counsel*' / 'psychol*' / 'counselling psychology' / 'CBT' / 'cognitive therapy' / 'psychodynamic' / 'person-centred' / 'humanistic'	Individually used alongside 'formulation', no field specified	The authors felt that the terms encompassed the major therapeutic paradigms practiced within counselling psychology, and allowed for literature from related psychological and therapeutic professions to be included. Wildcard operators were used to capture terms where additional word stems or spellings are common; for example, searching 'psychol*' searched articles for 'psychology', 'psychological' and 'psychologist'.
'case conceptualization/ conceptualisation' / 'functional analysis'	Excluded from review	These related terms were excluded as the authors felt they may expand the scope of the search beyond materials directly relevant to conceptual and philosophical issues of formulation within counselling psychology.

Inclusion Criteria

Full-text journal articles, theoretical papers, academic books, magazine articles and editorial letters from 1990 to 2016 and available in the English language were included. The period of 1990 to 2016 was chosen due to the scope of literature to be reviewed and to reflect current research and theory on the subject. The search incorporated international sources and relevant international articles were selected for inclusion in the review. [Table 2](#) details the total number of sources returned for the main combinations of search terms from all databases. The method of 'snowballing' was also employed, where reference sections of selected papers and books were used to source further relevant material. Unpublished 'grey' literature was also searched via OpenGrey search engine, with no relevant literature being identified for inclusion. Due to the lack of empirical and theoretical research from specifically within counselling psychology, research from related psychological and mental health professions was utilised. Further literature relevant to the contents of this review but not specifically found in the topic search was included; 38 articles were directly related to formulation and, therefore, selected for review, whilst a further 18 articles were included due to their relevance to counselling psychology's philosophical underpinnings, the methodology employed, or to professional or ethical regulations. The 38 articles identified as relevant to the broad concept of psychological formulation within counselling psychology all included at least one of the following qualities, which the authors felt were pertinent: a discussion or explanation of formulation within a major therapeutic approach typically practiced within counselling psychology; quantitative and qualitative research articles, which examined psychological formulation; critical discussions of the controversies or issues within psychological formulation; historical articles on psychological formulation.

Table 2

Total Number of Peer-Reviewed, Full-Text Sources Returned for Major Search-Term Combinations

Keywords Searched	Total Sources Returned
'formulation' + 'psychol**'	602
'formulation' + 'counsel**'	160
'formulation' + 'counselling/counseling psychology'	13
'formulation' + 'person-centred/centered'	13
'formulation' + 'CBT' / 'cognitive-behavioural/behavioral therapy'	94
'formulation' + 'psychodynamic'	108
'formulation' + 'humanistic'	19

Analysis

The 38 items of selected literature were analysed via thematic analysis (Clarke & Braun, 2017), leading to the formation of themes, which the authors felt were of particular relevance to the concept of formulation specifically within counselling psychology. Clarke and Braun (2017) suggest that as thematic analysis may be employed as a research strategy within varied philosophical positions and paradigms, authors should declare their epistemological stance and how this affects the approach. The authors felt that a pluralistic research stance should be taken, due to both the underpinning philosophies of counselling psychology (Woolfe, 2012), but also due to the exploratory nature of the review, which aims to synthesise dispersed existing literature into a cohesive examination, relevant to the profession (McAteer, 2010; Ponterotto, 2005). Thematic analysis aims to draw themes from significant patterns within data, which are of relevance to the subject or research question; themes, therefore, are not drawn from the quantity of repeated concepts, but of from the quality and pertinence of these (Braun & Clarke, 2006). Clearly stating author biases (discussed latterly in the 'limitations' section) and epistemologies, alongside a systematic approach to analysis, promote a rigorous yet flexible thematic methodology, which the authors felt appropriate for this exploratory synthesis.

Findings

A total of three superordinate and seven subordinate themes have been identified. These address whether formulation can be considered as fact or opinion; whether there are common cohesive factors or irreconcilable differences across therapeutic approaches to formulation; and who is included in the creation and sharing of formulations.

Fact or Opinion?

The first theme arising from the literature on formulation explores the debate as to whether formulations can ever be objective and factual, or if they always remain a subjective account of a person's experience, and what external factors or biases may influence those creating a formulation. Formulation has been described as either an 'event' or 'process,' and questions surround which characterisation is more appropriate and informative. Furthermore, does accuracy matter, or rather should formulations be judged more on their usefulness? These are particularly relevant themes to counselling psychology, as a profession which holds a fundamental appreciation

of the subjective, phenomenological experience of both the practitioner and the client, and understands the philosophical concerns around notions of accuracy and objective measure (DCoP, 2005; Ponterotto, 2005).

Subjectivity

As discussed, there is currently lack of consensus on what exactly constitutes a psychological formulation (Division of Clinical Psychology [DCP], 2011), and the broad understanding of formulation as applying psychological theory to an individual's concerns does not capture the myriad elements which can be found in formulations, nor does it reflect the differences which exist regarding how to undertake formulation. Due to individual therapeutic allegiances and knowledge, along with many other influencing factors which will be outlined, formulations between practitioners may inevitably appear as very different (Flinn, Braham, & das Nair, 2015; Flitcroft, James, Freeston, & Wood-Mitchell, 2007). Seven sources reviewed suggest that a formulation is a 'hypothesis' regarding the explanations for clients presenting concerns' (Christofides, Johnstone, & Musa, 2012; DCP, 2011; Jacqueline & Lisa, 2015; Kendjelic & Eells, 2007; MacDonald & Mikes-Liu, 2009; Redhead, Johnstone, & Nightingale, 2015; Simms, 2011), suggesting an awareness that a formulation is an interpretation potentially open to change. However, a hypothesis, according to the scientist-practitioner model within which formulation was born (Johnstone, 2014a), is traditionally tested, before being supported or rejected. A core issue of formulation as a hypothesis, therefore, asks who is to test these formulations and how should they be measured? Furthermore, if any formulation is a hypothesis, can formulations from different practitioners be compared to each other in a meaningful way? We find the concept of formulation as a hypothesis, to be seen as true or accurate, particularly concerning for counselling psychology, which eschews the dominant psychological traditions of positivism and nomothetic enquiries, for a phenomenological, post-positivist or constructivist stance to human nature and enquiry (Ponterotto, 2005).

Despite such concerns, studies by Bieling and Kuyken (2003) and Eells and Lombart (2003) attempted to compare formulations for validity and accuracy. A systematic review by Flinn, Braham, and das Nair (2015) explores the reliability of formulations, whereas, Mumma (2011) discusses the limitations and validity issues found when comparing (cognitive-behavioural) case formulations. Eells and Lombart (2003) attempted to compare the formulations of novice, experienced and expert therapists. The authors state that systematic differences were found between the therapeutic orientation and level of experience, with therapists attributing differing levels of importance to individual elements, views of problem severity and prognosis, expected treatment duration, session frequency, etiology and patient control. However, the attempt to objectively measure formulations and compare the accuracy of these between different levels of therapist experience, appears to be a flawed endeavour in several ways, representing the issues with taking an inherently subjective measure and attempting to compare this objectively. The therapists participating in this American study were not only of varying experience but a mix of clinical trainees and psychologists, psychiatrists and psychotherapists; professions with very different philosophical and theoretical underpinnings, and practices surrounding formulation. The psychiatrists were older in age, meaning a higher level of 'experience' based purely on time spent working, creating a skew in the 'expert' participants towards psychiatric diagnosis and position towards formulation. The vignettes were based on psychiatric disorders, which counselling psychology often takes a critical approach towards (Golsworthy, 2004), and this meant that the 'expert' participants, mainly consisting of psychiatrists, had a distinct advantage in matching the desired type of formulation. A study by Bieling and Kuyken (2003) attempted to discern the validity of cognitive-behavioural formulations within practitioners of this approach, which appears more reliable than the Eells and Lombart (2003) study as the practitioners were working within one clearly de-

marcated approach and theory. The authors concluded that within a theoretical approach such as cognitive-behavioural therapy (CBT), formulations are simple and easy to replicate across therapists, due to the structure and nature of the guidance within the cognitive-behavioural literature. However, they state that the actual theory underpinning formulation are far-less researched, and the authors, therefore, question why we continue to undertake and place such importance on formulations. In contrast, the systematic review of [Flinn, Braham, and das Nair \(2015\)](#) suggests that psychodynamic formulations had the highest levels of reliability when examined over cognitive and behavioural approaches. Overall, nevertheless, the authors concluded that reliability outcomes varied greatly between studies, and that this could be improved via training.

Echoing this, four articles suggest that some teaching on formulation is critical and should be improved in the psychological professions ([Berry, Barrowclough, & Wearden, 2009](#); [Harper & Moss, 2003](#); [Kendjelic & Eells, 2007](#); [Korner et al., 2010](#)). This raises the question of exactly how formulation should be taught, particularly in the field of counselling psychology, which incorporates varied psychological paradigms and therapeutic approaches. Two sources addressed the benefits of training on formulation, with mixed results and methodologies. A pilot study by [Berry et al. \(2009\)](#) involved helping 30 members of psychiatric staff to develop formulations about their service-users, to ascertain whether training in this area could benefit them in their daily practice. The results showed an increase in staff perceptions of the degree of control clients and themselves had over their problems, in the degree of effort they felt clients were making in coping, in understanding clients' problems, in positive feelings towards the service-users and in confidence towards their work. They also found reductions in blame towards the clients, and increased optimism about their treatment. Although positive, the study was limited to a cognitive-behavioural framework of formulation and training, with the staff training undertaken by a clinical psychologist. As those being trained were psychiatric nurses, the ultimate goals and philosophical stance towards formulation may be different to those of counselling psychologists, and indeed the clinical psychologist training them. The study, therefore, suggests that clinical guidance in one form of cognitive-behavioural formulation, in one psychiatric setting, can improve several qualitative aspects of working for some mental health staff, but cannot be generalised as an intervention for training pluralistic counselling psychologists, engaged in varied therapeutic work. Furthermore, a US study by [Kendjelic and Eells \(2007\)](#) suggested that two hours of group training on formulation improved the overall quality of the formulations, which were then "more elaborate, comprehensive, complex and precise" (p. 66). The participants were from varied fields of clinical psychology, counselling, social work, medical students, psychiatry and nursing, meaning approaches to formulation may have been underpinned by varied philosophical positions towards mental health and diagnosis. By "precise" (p. 70), the authors imply that the formulations were more likely to address clients' precipitating and predisposing factors, which is one approach to formulation, but not necessarily adhered to by all practitioners. The language and theory in the study is medicalised and problem-focused, thus, not aligning with counselling psychology's humanistic underpinnings and values. It seems that, from the literature reviewed, formulations are challenging to evaluate in terms of their validity and accuracy, and if this is achieved, it will be using one specific measure of truthfulness within one theory of therapy or formulation. Whilst focusing upon psychodynamic contributions, [Aveline \(1999\)](#) argues that whilst both psychiatric diagnosis and formulation depend on information, where diagnoses are supposedly objective, the virtue of formulation is the blending of objective and subjective elements, mirroring the complexities of the human experience. For pluralistic counselling psychologists, this critical appreciation seems highly relevant; as many accurate or truthful formulations may exist as there are theories, with no singular correct or best way to formulate.

Unseen Influences

Another issue regarding the contents of formulations relevant to counselling psychology's phenomenological and constructivist values, is what unseen influences may be affecting practitioners' formulations. Four articles directly explored influences which may affect formulations, and whilst these articles discuss how therapeutic orientation inevitably influences the content of formulations, the more insidious influences on formulation are not discussed. For example, [Waddington and Morley \(2000\)](#) investigated whether initial client formulations were subject to availability bias, that is the first idea which comes to mind, as opposed to openly considered and tailored theories, irrespective of whether these seemed appropriate. Here we return to the familiar issue of what validity means, however, the pressing concern in this study was the potential influence of inherent availability bias. Results were mixed and inconclusive, suggesting that no selective recall or availability bias was apparent due to the theoretical orientations of the participants, meaning that the formulations included a range of theoretical influences and concepts, regardless of participants' approaches. However, a ceiling-effect meant that the data obtained regarding availability bias from clinical materials could not infer any conclusions. Despite the limitations of the study and data obtained, the concept of whether clinical materials, in this case a general practitioner's referral letter, may unknowingly influence the formulations created by practitioners, is certainly an interesting and under-researched area of relevance to counselling psychology practice.

An alternative study from a psychodynamic perspective is that of [Hamilton and Kivlighan \(2009\)](#), who examined whether therapists' Core Conflictual Relationship Themes [CCRT] affected their perceptions of their clients' relationship styles in their formulations of them. The hypothesis for the study was based upon the psychodynamic concepts of transference and counter-transference, specifically examining "distorted" (p. 313) counter-transference, where a therapist believes a client to be more similar to themselves than they perhaps really are (or appear to an independent viewer). The researchers suggest that evidence was found for the concept of distorted counter-transference, as therapists' own ratings of relationship styles were closely correlated to their ratings of their clients' relationship styles in their formulations. However, the effects were moderated by therapist experience and in engaging with personal therapy. Essentially, this study appears to suggest that our own personality traits as practitioners can unintentionally colour our judgements and views of our clients, and, therefore, the formulations we create around them; yet with experience and self-reflection, this concern may be reduced. As a reflective and reflexive profession, we feel that counselling psychology is well-placed to minimise this type of bias when formulating; however, these influences can never fully be dismissed or avoided.

Lastly, two articles addressed influences upon formulations in terms of the discourse and rhetoric used within them. [Antaki, Barnes, and Leudar \(2005\)](#) used conversational analysis to examine formulations, proposing two forms of formulations within the therapeutic session, "gist" and "upshot" (p. 627) formulations. Gist formulations are used to clarify what the client is saying, which the authors state is achieved primarily through reflecting back and summarising in the conversation. These elements are used to build a reliable formulation, by checking with the client if you have heard correctly and can rephrase their concerns whilst retaining the essence of what they have said. Upshot formulations are those undertaken to propose an intervention or guide the client into a path of theoretical thinking and explanation. In this form, the authors suggest that the client is being shepherded into the therapist's way of thinking and suggest that all formulations are inherently loaded with interpretations and suggestions, based on the therapist's knowledge, orientation, person and relationship with the client. The authors state that clients come to us for support and expertise, and formulations, therefore, naturally lead to a performance of these skills. Taking a similar stance, [Bromley \(1991\)](#) discusses how formulations and case reports are based upon discourse analysis and personal rhetoric, telling a story which always has underlying goals, in-

fluences and agendas. These agendas differ depending on the target audience, and so, therefore, will the content of the formulations. For example, a formulation shared with a co-worker or supervisor may differ greatly to one shared solely with the client, as the expectations and discourse adapts to the reader and audience. Both these papers suggest that to some extent, formulation will always be a work of fiction and opinion, created predominantly by the therapist, and influenced by many factors, some of which we may purposefully control and others which we cannot.

Event or Process?

Another aspect of formulation relating to validity and representativeness regards the *when* the formulation is undertaken. The article by [Antaki et al. \(2005\)](#) describes formulation as an ongoing process within the therapy room, which is constantly open to editing and reformulation. However, in reality, many practitioners particularly counselling psychologists working within the National Health Service (NHS), may be required to create a formulation after one initial meeting with a client, or at a very early stage in the relationship ([Crellin, 1998](#)). This concept of formulation-as-an-event, which can occur at any time throughout the therapy but often occurs at the start and is usually found in written form, has received criticism. [Johnstone \(2014a\)](#) for example, notes that therapists inevitably begin work with a client holding initial ideas or hypotheses for the client's distress, however formulation-as-an-event can only ever be a snapshot in time, and if formulation does not develop as a process within the therapy and the unfolding story which the client tells us, it can never be thought of as representative. Furthermore, [Crellin \(1998\)](#) argues that if the purpose of formulation is for "the client to arrive at a meaningful narrative" (p. 19), the only true formulation can be done at the end of their therapy, as this is when the full picture (to the extent to which the client is ever willing and able to share) is revealed. This negates the use of formulation as a tool for assisting in intervention planning, turning it into more of a story of the client's journey. [Johnstone \(2014a\)](#) also notes that formulation-as-a-process makes the separation of the actual act and results of formulation from the therapy itself challenging. [Tufekcioglu and Muran \(2015\)](#) suggest that the relational aspects of the therapeutic relationship inform a collaborative and evolving formulation, which is flexible and responsive to the client's developing and shifting processes. The authors further support that therapist self-reflection and self-revelation within the therapeutic relationship should inform formulations, making their article one of the very few articles which overtly discuss the therapists' use of self, alongside the practice of formulation. From the literature, it, therefore, appears that if formulating to plan interventions within therapeutic work, formulation is necessary at an initial early stage when all the information is not necessarily present. However, it would equally seem important to counselling psychology as a profession with a phenomenological appreciation of clients' experiences and which emphasises therapist use of self, that changes in the clients' world and self are reflected in their formulations.

Usefulness

One way of framing formulations arising from the literature, which attempts to reconcile the aforementioned philosophical criticisms of assessing formulations by their validity or accuracy, is to instead consider formulations in terms of their usefulness. Reflecting this, the Division of Clinical Psychology's guidelines ([DCP, 2011](#)) state that one of the principles of formulation in clinical psychology is that this is "best understood in terms of usefulness than "truth" (p. 12), meaning that formulation is not an expert diagnosis or pronouncement, but rather a "plausible account" (p. 7). This is in-line with the conceptualisation of formulation as an alternative to the medical model of psychiatric diagnosis, and the guidelines, therefore, argue that formulations should not be judged in terms of accuracy. Despite this clarification, an article by [Carey and Pilgrim \(2010\)](#) suggests that con-

fusion still resides within clinical psychology, particularly within training, as to the differences and complexities between formulation and diagnosis. It may, therefore, be argued that this appears a plausible counteraction to debates of whether formulations should be judged on accuracy. However, it also raises further questions, such as to whom or for what should the formulation be useful? [MacDonald and Mikes-Liu \(2009\)](#), in their theoretical paper surrounding a biopsychosocial approach to systemic formulation, state that within narrative therapy, hypotheses made by the therapist are judged not on their correctness but rather on their ability to facilitate positive change and new ideas in the therapeutic relationship. Perhaps these are concepts fitting to a humanistic stance, upon which counselling psychology could base the issue of usefulness in formulation. The discussion of who should be included in the creation of formulations is explored later in this review. However, it appears that proposing that formulations should be judged on usefulness (as opposed to truth or accuracy), is not perhaps a definitive or satisfactory answer for the profession of counselling psychology, and further highlights the gap in research on who formulations really benefit and are evaluated by.

Cohesive or Divisive?

The next theme examined within formulation regards whether formulations across theoretical approaches have unifying factors or are ultimately irreconcilable and should, thus, always adhere to one theoretical or psychological approach. Each major paradigm has addressed to some degree the use and practice of formulation, based upon their theoretical and philosophical structures. Counselling psychology, nevertheless, is a profession which more often than not incorporates pluralistic and integrative practices that embrace theoretical and/or technical elements of varied psychological paradigms to create tailored therapies or fusion theories ([O'Brien, 2010](#)). Is it, thus, possible to undertake formulations utilising multiple therapeutic approaches with potentially opposing philosophies? As many of the aims and inclusion criteria for formulations appear similar across the psychological paradigms, below we examine whether there are indeed cohesive factors which seem to tie together formulations from different disciplines and theories, or whether the differences between them are too expansive to bridge.

Between Paradigms

Firstly, we examine the literature addressing cognitive-behavioural formulations, as since the formative works of Beck in the 1960s, the cognitive-behavioural paradigm has embraced and founded itself upon concepts and practices of formulation, labelled as the "first principle" ([Pain, Chadwick, & Abba, 2008](#), p. 127) of cognitive-behavioural therapy. As cognitive-behavioural approaches are based-upon concepts of psychiatric diagnoses, or categories and patterns of distress, the theoretical models and underlying mechanisms lend themselves to clear and methodical concepts of formulating a client's presenting concerns, in close partnership with the proposed underlying theory ([Bieling & Kuyken, 2003](#)). However, as [Bieling and Kuyken \(2003\)](#) support, although formulation in CBT may be straightforward, this does not necessarily equate to an unquestionable evidence base for the underlying theories as responsible for positive outcome results, or the actual practice and benefits of the formulations utilising them. Nevertheless, it remains that formulation is an accepted and fundamental aspect of cognitive-behavioural approaches, and as formulation is so integrated into the theory and practice of CBT, it is impossible to separate or eliminate this from its application. There is no single way to formulate within cognitive-behavioural approaches, with a vast range of proposed methods and models generated as the approach has developed, several of which are explored in the literature ([Bieling & Kuyken, 2003](#); [DCP, 2011](#); [Eells & Lombart, 2003](#); [Jacqueline & Lisa, 2015](#)). While [Bieling and Kuyken \(2003\)](#) describe two of the dominant models for CBT formulation; one being formulations of the client's overt difficulties and underlying mechanisms,

and the other formulations which account for the developmental history along with "prototypical problematic situations" (p. 54), they also refer to common properties or elements across cognitive-behavioural formulations. The common elements they list include: "Description of manifest presenting problems (in clear, specific, and measurable terms); developmental history; causal factors (distal and proximal); maintaining factors; guides for intervention" (Bieling & Kuyken, 2003, p. 53).

Therefore, within the cognitive-behavioural paradigm, whilst variations occur within specific inclusions, there appears to be a level of consensus on the core elements and properties of a formulation based upon CBT theory, and the process of formulation is accepted as fundamental (Flitcroft, James, Freeston, & Wood-Mitchell, 2007). A paper by Tompkins (1999) however, demonstrates some common facets of CBT formulations which sit in stark contrast to formulations from alternative perspectives, in particular the humanistic approaches. The researcher suggests that by returning to the collaborative CBT case formulation when difficulties occur during therapy, process and relational issues can be overcome, and formulation may assist in guiding the therapy should drift occur. Whilst helping clients who are stuck or struggling in therapy is a positive goal, Tompkins (1999) utilises medicalised and problem-focused language, centring primarily on the issues the client is bringing and how to address these, rather than viewing clients holistically and focusing on their strengths or protective factors. This problem-focused rhetoric was further echoed in Jacqueline and Lisa's work (2015), who propose and review methodologies for undertaking CBT formulations. Tompkins' (1999) tone is expert and authoritarian, with "nonresponse" (p. 317) appearing akin to noncompliance, listing, for example, a refusal to complete homework tasks or challenging the therapist's beliefs or the relationship; concerns which we would see as facets to be explored and worked upon together, rather than fought or won by either side. The researcher proposes that by returning to the CBT formulation, these issues can be overcome, suggesting that they view formulation as a vehicle to helping the therapist and their professional agenda. The researcher refers to an initial formulation to overcome these issues; however, what if the issues arising are born from new reasons not detailed in the initial formulation? Ultimately, the medicalised, problem-focused language is suggestive of a potential for some CBT formulations to be perceived as expert-driven, disempowering and overtly negative in tone, highlighting the diversity and tensions found within formulation in the main therapeutic approaches.

In psychodynamic approaches, formulation is again widely accepted and practised. Supported by the creation and development of the paradigm within psychiatry, its process presents as less structural and manualised. Korner et al. (2010), describe the traditional primary purposes of psychodynamic formulation as "facilitating psychodynamic understanding of the patient" (p. 214) and to enhance the therapist's capacity to engage constructively and empathically, also adding that they see formulation as a way to test 'conceptual knowledge about unconscious processes' (p. 214). Again, the authors describe how many variations exist within psychodynamic formulations, however, with the processes between therapist and client being of central importance to psychodynamic theory, it stands to reason that formulations include relational factors and strong inferences to these processes. This is in direct contrast to the cognitive-behavioural formulations discussed above, which upon review do not appear to emphasise the inclusion of relational factors between therapist and client in their formulations. The authors conclude that the communicability of psychodynamic formulation is crucial for effective use in practice as formulations including psychodynamic theory can be lexically dense and complex. Psychodynamic approaches have historically adhered to a more expert-lead view of clients and their distress, and the density and complexity of psychodynamic formulations and theory have the potential to be isolating or disempowering for clients, despite calls by authors such as Korner et al. (2010) to reduce this. We, thus, begin to see marked

differences not only in the content and structure of formulations across therapeutic approaches, but also in the philosophical positions from which they originate.

A study by [Roussos, Lissin, and Duarte \(2007\)](#) compared the inferences made by cognitive-behavioural and psychodynamic therapists in their formulations of the same client material and found that therapeutic approach strongly influenced the formulation's content. Whilst this may appear as common-sense, it highlights the concern that the same client and material will be formulated in different ways by alternative practitioners. Such factual information enhances scope to emphasise questions such as whose formulations are best suited for a client and, subsequently, whether any intervention proposed from such formulations is indeed tailored to the client, or results from what is familiar to the therapist. If a therapist only knows psychodynamic theory, it is plausible to assume that they will formulate based on this theory and, subsequently, recommend psychodynamic interventions. A pluralistic or integrative practitioner should perhaps overcome this, with knowledge of multiple theories and interventions that can be applied. However, deciding the best way forward then becomes the challenge, particularly if this is a decision made by a practitioner with humanistic underpinnings, who supports that it is the client and not the therapist who is best placed to guide the client's process and interventions.

To further explore this challenge, the last major therapeutic paradigm explored here, which sits in starkest philosophical contrast to both cognitive behavioural and psychodynamic approaches when it comes to formulation, is that underpinned by the humanistic theory. From the growth of person-centred therapy in the 1940s and beyond, [Rogers \(1959\)](#) proposed that clients should be seen as the experts in their own lives, and that a humanistic prizing and respect for the client was essential to positive personality growth. His theory of the self and therapy was based upon a phenomenological appreciation of the world and evidence, where the subjective, lived experience unfolding before the client is of utmost importance, and that objective interpretations could not be drawn so easily regarding the human mind, behaviour and personality. From this base, psychiatric diagnoses were rejected as reductionist and deterministic, and nondirective, client-centred therapy offering the six necessary and sufficient conditions developed ([Rogers, 1957](#)). From person-centred origins, many related therapeutic approaches have developed, such as existential and emotion-focused therapies ([Watson, 2010](#)), which largely adhere to humanistic and phenomenological values but differ in their stance to the sufficiency of Rogerian conditions, or in the methods and mechanisms they place emphasis on and utilise. Given the values and philosophical principles of humanistic approaches, direct and discreet formulation of a client's presenting concerns was not of central importance to Rogers and was certainly not crucial to entering a therapeutic relationship or to client growth, although it was always crucial that the six conditions could be met and felt by both parties to some degree ([Rogers, 1957](#)). Despite the lack of emphasis on formulation and the opposing philosophical basis within humanistic person-centred approaches, counselling psychology as a profession purports as having a phenomenological and humanistic core, and person-centred approaches are taught across doctoral programmes in the UK.

Given the contentions facing person-centred formulations, several authors have attempted to reconcile these philosophical and professional differences and is an area of debate where practitioners from directly within the profession of counselling psychology have contributed. [Simms \(2011\)](#) proposes in her theoretical paper a conceptual model of formulation within the person-centred approach; she is clear to state the existing frictions and underlying issues with the concept of formulation, before proposing a framework which incorporates person-centred theory into a linear formulatory process (p. 32). This process identifies and explains clients' presenting concerns, including aspects of emotional, behavioural, cognitive or interpersonal difficulties, and accounting for

"critical incidents" (p. 32) in clients' lives and development. Simms model takes several core aspects of person-centred theory and proposes that if we as practitioners follow this process and populate these theoretical elements with client-specific information, we will have a person-centred formulation from which to work. However, in a direct response to Simms proposal, [Gillon \(2012\)](#) states that Simms fails to incorporate and account for the fundamental values and philosophies upon which person-centred theory was founded. Gillon suggests that Simms's approach to formulation is problem- as opposed to person-focused, and therefore appears akin to a cognitive-behavioural view of formulation at odds with humanistic principles. Furthermore, he argues that it does not account for the phenomenological appreciation of their client and their world and suggests an imposition of theory and order to the client's life, which seems at odds with non-directive, client-led theory ([Rogers, 1946](#)). Whilst utilising a diagrammatic model for person-centred formulation may not sit comfortably with some, if we conceptualise formulation as making sense of people's experience, it appears to us that as counselling psychologists, we are perpetually undertaking this process regardless of the therapeutic and practical approach taken. The theory and our knowledge are, therefore, always informing and to a degree imposing on the client's life and story. Echoing Gillon's concerns, however, [Fitzgerald and Leudar \(2012\)](#) examined the use of formulation more specifically within a person-centred, solution-focused therapy, which the authors state is utilised in employment settings. The authors again describe "gist" and "upshot" ([Fitzgerald & Leudar, 2012, p. 14](#)) formulations, stating that because formulations ultimately aim for a change in client thinking and/or offer professional and theoretical opinions, suggestions and inferences for the client, they are inherently directive and, therefore, appear at-odds with the person-centred approach. Regardless, the authors support that formulations can indeed be beneficial to the client and the relationship; that reformulating within sessions can be empowering and encouraging of positive client growth; that some of the theory utilised in person-centred work such as reflecting and summarising are already a form of gentle coercion and direction, and, therefore, formulations are an inevitable extension of this. They conclude that formulations are intended to promote positive growth in the client, and this is enough to reconcile their inclusion in person-centred work. The authors acknowledge that their paper was examining solution-focused, person-centred work, which clearly diverges somewhat from classical person-centred theory and inherently brings restrictions, however it is one angle from which to potentially reconcile some of these issues facing person-centred formulation. [Honos-Webb and Leitner \(2002\)](#) also attempt to undertake formulation in a humanistic framework, suggesting that formulations should be related to the progress of therapy, which seeks to ensure that the process is collaborative and engages the client in a process of reformulating and empowerment to support positive change. All the proposed suggestions across these articles pose the question of whether collaboration, sharing and reformulating, and essentially good intentions, are enough to consider formulation as person-centred or humanistic. This is a question yet to be coherently answered and seems to be one that ultimately lies with the individual practitioner and their personal and professional stance.

Integrative Formulations

The literature highlights variations which exist in the specific theories underpinning formulations, with the content, emphasis, language and philosophy around a formulation contrasting between the major psychotherapeutic paradigms. Despite such differences, as discussed, counselling psychology remains a profession which trains practitioners in multiple therapeutic approaches and theoretical models. The question as to how those practitioners adhering to a pluralistic or integrative stance should undertake formulation is, therefore, pertinent. [Dallos, Steadmon, and Johnstone \(2014\)](#) state that exactly how theories are blended and utilised in formulations will depend on the specific therapeutic stance towards integration; eclecticism, pluralism, conceptual syn-

thesis, or a common-factors approach, all involve the combination of theory and/or technique and evidence in different forms, with formulations following their underlying assumptions. This suggests that even within multiple-approach practice, proposals as to how to undertake formulation will differ. The authors, nevertheless, state that these blended and overarching approaches are of particular relevance in the face of growing research suggesting a lack of significantly different outcomes across therapeutic approaches. They conclude that for effective integration, formulation-as-a-process is crucial, as is adhering to the client's personal meaning and theory of change, both endeavours of which reflect the philosophical values of our discipline.

Clinical psychologists, as related therapeutic and psychological practitioners, also frequently practice and train in multiple therapeutic approaches, and perhaps due to the greater size of the profession and the increased length of time it has had to consider the subject, the Division of Clinical Psychology (DCP, 2011) has attempted, in its professional formulation guidelines, to reconcile the issues facing pluralistic or integrative practitioners. The guidelines note that, given the tendency for therapeutic theories to draw upon and reflect each other to varying degrees, formulations will share many similarities regardless of approach. Highlighted are some of the areas that clinical psychologists may omit if adhering to one therapeutic approach, such as social factors, culture, the role of trauma, abuse and stigma, and relational factors between the client and therapist (as discussed previously). For these reasons, the Division has produced a checklist which attempts to be approach-neutral, stating that it is for the practitioner to decide the extent to which they draw from distinct theories. Could this also be an option for counselling psychology? Whilst it may appear a tempting solution, it remains that clinical psychology does not embrace or train its practitioners in humanistic person-centred approaches as fundamentally as counselling psychology, with the issues surrounding this paradigm given little attention in the guidelines. However, they do state that personal meaning is a unifying factor in formulation, a hint perhaps towards a phenomenological appreciation of the client, arguably essential in counselling psychology. Is incorporating the personal meaning of the client, or stating that whatever guise it takes, a formulation must be of benefit to the client and relationship, enough to call formulations truly humanistic or person-centred? The completeness of this reconciliatory attempt to a very complex matter is perhaps for individual practitioners to reflect upon.

Finally, alternative stances arising from the literature attempted to create formulations based on more overarching theories, such as the biopsychosocial model (MacDonald & Mikes-Liu, 2009), the widely-used psychological approach of the PPPP (four or five P's) model (Weerasekera, 1996), or through a common-language approach (Goldfried, 1995). The DCP (2011) guidelines state that whilst psychological theories such as the four P's (pre-disposing, precipitating, perpetuating and protective factors; Weerasekera, 1996) or biopsychosocial models utilise theory from several domains and consider factors from several life sources, they often still lack personal meaning of the client within them. Furthermore, one can argue that biopsychosocial models encourage a medicalised viewpoint incorporating diagnostic judgements, whether related to mental or physical health. Likewise, Goldfried's (1995) attempt to unify formulations via a common-language, again only incorporates psychodynamic and cognitive-behavioural elements and terminology, not representative of counselling psychology's broad practices. The biopsychosocial model does, nevertheless, encourage broader psychological thinking into formulations, something which we fear may be lacking in formulations strictly adhering to one therapeutic approach, and, subsequently, perhaps counselling psychology itself. As MacDonald and Mikes-Liu (2009) suggest in their paper on biopsychosocial formulation in systemic practice, this seemingly opposing model can perhaps offer increased rigour and attention to detail, helping to hold practitioners accountable for their thinking and actions, and can serve to engage with the prevailing medical paradigm of mental health, something which counselling psychology frequently seems to wrestle with.

It is evident from the literature that a vast array of suggestions and arguments exist both for the cohesive elements across formulations, but also for the divisive and opposing elements of the different psychological and philosophical theories, which are unique in strength and pertinence to counselling psychology as a distinct profession. Whether any of the proposed solutions to pluralistic or integrative formulations are sufficient to guide and support formulations within our field, and indeed whether the endeavour of further guidance is even necessary or practical, remains to be answered.

Inclusive or Exclusive?

The final theme explored surrounding formulation regards the fundamental question of who should be included in their development and application. Much of the literature suggests that formulations should be collaborative with the client, however, few studies have researched whether clients find this beneficial. Furthermore, much of the literature on formulation addresses the benefits to the practitioner and does not see formulation as necessarily needing to involve the client. Questions exist as to whether formulations should contain input from multidisciplinary professionals, whether such practice adds to or detracts from the formulation, and how this should be undertaken. Debates around whom to include or exclude from the shaping of formulations are particularly relevant to counselling psychology practice, which prizes the subjective experience of all parties, and is a profession often found in multidisciplinary settings such as the NHS.

Collaboration With Clients

The literature on formulation, across therapeutic approaches, heavily espouses collaboration to varying degrees with the client when creating formulations (Antaki, Barnes, & Leudar, 2005; Bob, 1999; Christofides, Johnstone, & Musa, 2012; DCP, 2011; Harper & Moss, 2003; Honos-Webb & Leitner, 2002; Jacqueline & Lisa, 2015; Johnstone & Dallos, 2014; Korner et al., 2010; Pain, Chadwick, & Abba, 2008; Redhead, Johnstone, & Nightingale, 2015; Vetere, 2006). Despite many sources citing the concept of collaborative formulation, they offer little explanation as to why this has been proposed, what this brings to the therapeutic endeavour, and how this may affect the client and therapeutic relationship. In our search, we found only two papers specifically investigating client's experiences of formulation, those by Redhead et al. (2015) and by Pain et al. (2008).

The study by Redhead et al. (2015) was a small qualitative investigation into service-users' ($n = 10$) experiences of cognitive-behavioural formulations, using thematic analysis to explore themes arising from the client's experiences. The service-users were undertaking CBT due to experiencing depression and/or anxiety, and the therapists were high-intensity Improving Access to Psychological Therapies (IAPT) staff, including one counselling psychologist. Thematic analysis showed four largely positive themes emerging from the service-users summarised as: formulation helping clients to understand their problems; leading to feeling accepted and understood; leading to an emotional shift; enabling clients to move forward. The theme of experiencing an emotional shift is important to highlight here, as this shift was not always shown to be positive for the client, with experiences of distress regarding an increased awareness of one's difficulties and with being presented a formulation which does not match one's self-identity or is perceived as inaccurately being reported. According to the study, some of the distress experienced was temporary and resolved; however, some was enduring, a concerning outcome for any therapist, but particularly when working in a time-limited service such as IAPT, where this may not be possible to address before the therapy ends. Of note is that the study asked clients to reflect on their experiences regarding their formulations after therapy, not at the start or during the process, which may have led to different results.

A similar small-scale qualitative study by [Pain et al. \(2008\)](#) also investigated service-users' ($n = 13$) experience of formulation, however, on this occasion, the clients were undertaking CBT for symptoms of psychosis, having all been diagnosed with forms of schizophrenia. Having examined the formulations presented to them by their therapists, clients revealed feelings far more mixed than those described in the study by [Redhead et al. \(2015\)](#). These included positive, negative and neutral reactions changing over time, with the authors listing cognitive or emotional reactions as frequent, in keeping with the therapeutic model. Responses varied from sadness, relief, finding the formulations daunting or helpful, seeing them as having therapeutic value or as confusing, using them in the future to assist coping and reflection alone or with others, to even forgetting about them. This study added an extra dimension of asking the therapists to rank several statements regarding their formulations; all the statements were positive in nature and all had to be ranked. This does not seem a particularly useful endeavour or addition to the study, as it does not allow for therapists' views which may also be negative or mixed regarding their own formulations, but rather forces them to rank statements which they may disagree with entirely, accounting for no specific strength of feeling between rankings. Whilst the authors declare the client results as largely positive, there are complex and, at times, worrying reactions for clients upon reading the formulations of their problems. Clearly, this is a specific client-group and one therapeutic approach, however, the variety and complexity of the client reactions perhaps mirrors clients' own experiences of their distress and diagnosis in a residential setting. It would seem that despite mixed and narrow results from both these two small-scale studies, positive reactions and effects cannot be assumed for clients sharing in the creation and experience of formulation.

The paper by [MacDonald and Mikes-Liu \(2009\)](#) around biopsychosocial formulations influencing systemic practice seems to echo this view. Here, the authors share concerns around the inherent power and expertise which can emerge within formulations, regardless of collaboration, and ask us to consider whether sharing formulations with a client can sometimes be distressing and damaging to the therapeutic relationship. How the relationship and therapy progress when the formulation shared is disputed, and whose view should take precedence when the client has sought our help, are important considerations. The authors raise concerns as to whom the formulation is for; it seems that if for the therapist as a clinical tool, then collaboration and sharing may not be deemed necessary; however, if that tool guides intervention and to be shared with other professionals, ethical questions regarding the exclusion of the client during this process may be born ([HCPC, 2016](#)). One message is clear from the existing literature on client experience of formulation; far more research is needed.

From the opposite viewpoint the study by [Berry et al. \(2009\)](#) investigated how staff perceptions of service-users may be modified by discussing formulations regarding issues the staff were experiencing with individual clients, under the guidance of a clinical psychologist. Whilst the results for staff were stated as positive, it is important to note that this study only measured staff perceptions, and no feedback or collaborative input from clients was gathered to investigate whether the positive staff changes affected their experience or relationships; one would hope that these feelings would have some positive effect for service-users, yet this cannot be assumed without evidence. This study was from a psychiatric setting with staff less likely to have received previous training on formulation, however, it suggests that enabling staff to see alternative psychological (as opposed to psychiatric) ways of viewing and experiencing the clients they work with, can in some circumstances positively affect their experience of this side of the relationship.

Team Formulations

This idea of being open to alternative ways of viewing a client regarding formulation is demonstrated in the concept of multidisciplinary or team formulations. [Johnstone \(2014b\)](#) proposes that team formulations bring several benefits: they can enable varied input across practitioners and professions so that therapists can incorporate a broad range of theories and be less likely to miss important factors; it can enhance work with complex clients; challenge myths about service-users; help staff to manage risk and raise moral. However, we can assume that such challenges are likely to also exist in team formulations, for example where opposing opinions and personalities clash, or in the practical challenges of arranging group meetings. Formulations of this kind are likely to be found in multidisciplinary settings such as NHS services, where professionals of varying medical, psychological and social domains may work together to support clients from alternative angles. The [HCPC \(2015\)](#) states that formulation should be used to assist multi-disciplinary team working and communication, with [West et al. \(2012\)](#) suggesting that decisions made by mental health teams of this nature are of a "higher quality" (p. 11) than teams consisting of single-profession members or individuals alone. It would, therefore, be reasonable to assume that formulations made within multi-disciplinary teams would follow this path to higher-quality interventions; the literature, nevertheless, on formulations of this kind remains sparse, with just one paper directly addressing the subject from a clinical psychology perspective.

[Christofides, Johnstone, and Musa \(2012\)](#) undertook a small-scale qualitative study investigating the use of formulations within multi-disciplinary team working, interviewing clinical psychologists working within inpatient or community-based adult mental health settings. Thematic analysis with a critical-realist approach was utilised, acknowledging the co-creation and biases of the author, a third-year clinical psychology trainee. Two broad themes emerged; "The need for a space and framework to help make sense of client's difficulties together" and, "'Chipping in' with psychological ideas as an ongoing process" (p. 429). "Chipping in..." had three subthemes: "Defining the role of the psychologist; Team culture and the acceptance of alternative perspectives; Acknowledging the experience of staff and not taking the expert position" (p. 429). The findings suggest that clinical practitioners value input from others in their professional team, and that this is often undertaken in an informal manner, in casual conversations as opposed to formally planned meetings with this purpose in-mind. The authors state that, overall, it appeared that sharing of information regarding clients in this manner was beneficial to client work and team cohesion, however, again, the experience of clients or the other professionals working in the team were not present in the study. The practitioners participating opted-in to the study by identifying as positively using formulation in multi-disciplinary teams, so the study is limited to those already working within this type of formulation, as opposed to investigating how this may be beneficial or detrimental for those currently undertaking formulations in isolation. This could, therefore, be another area of future research, joining the other gaps in this important aspect of formulation for counselling psychology practice. As a profession which strenuously attempts to embrace subjectivity, it is clear from the minimal existing literature that one cannot assume collaborative formulations, with clients or other professionals, to always be beneficial or inherently humanistic and client-centred, despite the requirement of the [HCPC \(2015\)](#) to utilise formulations in this way.

Discussion

Within this systematic review we explored whether formulations may be considered as acts of fact or opinion, and whether it is more appropriate to evaluate them upon their truthfulness or usefulness, particularly in relation to counselling psychology's phenomenological and qualitative values. Factors which may influence formulations

were discussed, along with concerns around whether formulations should be seen as a snapshot-in-time or an iterative process, highlighting how transient and malleable formulations can be. Issues of formulation across the major therapeutic approaches were examined, highlighting the divisive contrasts or cohesive elements between these and where practitioners have attempted to reconcile their differences. Alternative models outside of the major therapeutic paradigms were explored and attempts to create integrative or pluralistic formulations discussed. Integrative or pluralistic formulations can be viewed as core issues for the profession of counselling psychology, which trains practitioners in multiple therapeutic approaches and psychological theories. Lastly, the review explored whether clients should be involved in jointly creating formulations, as much of the literature assumed this endeavour. Input from other professionals in multi-disciplinary team formulations was discussed, highlighting the lack of client and team-member experiences of these formulations. As counselling psychology is rooted in humanistic and phenomenological appreciations of others, whether the sharing of formulations helps or hinders clients is a fundamental issue to confront, as is the experience of other professionals and how their values may influence team formulations. Clearly many more debates and issues exist within the vast literature around formulation, however, it is hoped that by exploring these major themes, the subject of formulation has been kept relevant to counselling psychology, as a distinct and unique profession. Whilst no definitive answers exist to many of the above considerations surrounding formulation in counselling psychology, these debates highlight the unique elements of the profession when compared to related fields, and perhaps stimulate questions around how we continue to participate in this aspect of psychological practice. If, as a field of applied psychology, we are to continue participating in this endeavour, the debates highlighted here are essential for both furthering research on formulation specifically relevant to counselling psychology and for reflectively progressing with the subject. The themes discussed may prompt further research on how formulation is undertaken in clinical practice and how the subject may be approached differently during training, with discussions focused less upon how to undertake specific formulations and more upon how formulations look when viewed via the lens of counselling psychology's values and unique identity.

Strengths of This Review

The strengths of the review lie in the broad and critical stance taken towards the literature (Grant & Booth, 2009); rather than focusing on formulation in relation to one therapeutic approach or setting, formulation was examined within the context of counselling psychology's values and identity, affording the researcher's creativity in the formation and synthesis of pertinent themes, whilst systematically reviewing current literature. It is hoped that examining the subject in this manner provides a novel contribution to the literature on formulation within counselling psychology. Furthermore, the viewpoints of the two authors as practitioners at differing stages of their career and their relationship towards formulation (one trainee and one qualified counselling psychologist), have shaped and informed this review, reducing the potential for bias relating to professional practice context.

Limitations

Every effort has been taken to undertake this review in a rigorous and systematic manner, with the objective of synthesising and critically exploring relevant literature to develop new theories and ways of viewing the topic. However, we acknowledge that there may have been material missed, the inclusion of which could have aided in a deeper or alternative understanding of the topics discussed (Grant & Booth, 2009). The key word 'formulation' was utilised in the search, however in keeping with the scope of the review, alternative descriptions of the broad process of psychological formulation, such as 'case conceptualisation' or 'functional analysis' were not

included, which may have led to relevant literature being excluded (Godoy & Haynes, 2011). Furthermore, some relevant themes which have been touched upon here could not be explored to the full depths of the literature which exists upon that topic, again due to the scope of the review but also the desire to maintain relevance to counselling psychology. Due to access restrictions, some potential sources and publications may not have been discovered in the searches undertaken, and therefore relevant literature may have unknowingly been excluded from review. The subject of formulation does not easily lend itself to quantitative studies, and, therefore, the literature reviewed is predominantly qualitative. The existing literature reviewed is heavily drawn from the field of clinical psychology, as this is where many of the studies, theoretical papers, and indeed the roots of formulation itself originate. This has meant drawing from a narrow professional field than ideal; however, this has simultaneously acted as one of the driving factors for this review. As authors, we have attempted to maintain a neutral and curious stance towards the existing literature and debates. It is, nevertheless, acknowledged that potential biases in relation to our personal views on and practices regarding formulation may to a degree have contributed to emphasising particular aspects more than others. Moreover, we have both received training and input on predominantly humanistic and cognitive behavioural approaches, thus, acknowledge a limited knowledge surrounding psychodynamic theory, therapy and formulation, which again may have impacted on the weight of attention paid to the aforementioned approaches (Grant & Booth, 2009). At the time of writing, the authors are both UK-based, and have predominantly, therefore, referenced the professional and regulatory bodies of the UK psychology context. However, in a direct reflection of the UK literature, whilst proposals exist upon the essential elements of psychological assessment (Fernández-Ballesteros et al., 2001), no specific professional guidance could be sourced from other European regulatory or professional bodies on the practice of formulation within counselling psychology. Nevertheless, international sources have been consulted and, therefore, the findings of this review are pertinent to counselling psychologists practicing across Europe and further afield, wherever counselling psychology is established as a distinct profession.

Implications for Future Research

From reviewing the literature on formulation, several gaps are identified. Firstly, a lack of research from within counselling psychology has been stated, and contributions from within the field would shed further light on the subject and perhaps stir further debates on the future of formulation within our discipline. It remains that, whilst the field of clinical psychology has best-practice documents on cross-paradigm formulation, counselling psychology seems to be lacking in discussions and guidance of this kind. Parallel to this and examining the research on formulation as a whole, it is apparent that there is much lack of the client or service-user experience and opinion of formulations, and the experiences of professionals involved in this process. If we are to formulate for the benefit of clients, ourselves or our colleagues, surely investigations as to how we can minimise harm and enhance the relationship should be sought. Lastly, the review highlighted the under-researched area of how others may unknowingly influence formulations, for example GP referral letters or client material, and the potential for availability bias to influence the formulations made, with wide implications for the formulation-process. Lastly, the experiences of trainees could be investigated, to ascertain whether current training and guidance on formulation are viewed as sufficient by those embarking in the profession. It seems that both qualitative and quantitative investigations exploring how counselling psychologists currently view and incorporate formulation into their practice could be an essential starting point for the profession, in an attempt towards both honest and realistic reflections of the role that formulation takes in counselling psychology, before perhaps a fuller consideration is made about the creation of formulation guidelines within the profession.

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References

- Antaki, C., Barnes, R., & Leudar, I. (2005). Diagnostic formulations in psychotherapy. *Discourse Studies*, 7(6), 627-647. doi:10.1177/1461445605055420
- Aveline, M. (1999). The advantages of formulation over categorical diagnosis in explorative psychotherapy and psychodynamic management. *European Journal of Psychotherapy & Counselling*, 2(2), 199-216. doi:10.1080/13642539908402327
- Berry, K., Barrowclough, C., & Wearden, A. (2009). A pilot study investigating the use of psychological formulations to modify psychiatric staff perceptions of service users with psychosis. *Behavioural and Cognitive Psychotherapy*, 37(1), 39-48. doi:10.1017/S1352465808005018
- Bieling, P. J., & Kuyken, W. (2003). Is cognitive case formulation science or science fiction? *Clinical Psychology: Science and Practice*, 10(1), 52-69. doi:10.1093/clipsy.10.1.52
- Bob, S. R. (1999). Narrative approaches to supervision and case formulation. *Psychotherapy*, 36(2), 146-153. doi:10.1037/h0087641
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77-101. doi:10.1191/1478088706qp063oa
- Bromley, D. B. (1991). Academic contributions to psychological counselling: 2. Discourse analysis and the formulation of case-reports. *Counselling Psychology Quarterly*, 4(1), 75-89. doi:10.1080/09515079108254431
- Carey, T. A., & Pilgrim, D. (2010). Diagnosis and formulation: What should we tell the students? *Clinical Psychology & Psychotherapy*, 17, 447-454. doi:10.1002/cpp.695
- Christofides, S., Johnstone, L., & Musa, M. (2012). 'Chipping in': Clinical psychologists' descriptions of their use of formulation in multidisciplinary team working. *Psychology and Psychotherapy: Theory, Research and Practice*, 85(4), 424-435. doi:10.1111/j.2044-8341.2011.02041.x
- Clarke, V., & Braun, V. (2017). Thematic analysis. *The Journal of Positive Psychology*, 12(3), 297-298. doi:10.1080/17439760.2016.1262613
- Crellin, C. (1998). Origins and social contexts of the term "formulation" in psychological case-reports. *Clinical Psychology Forum*, 112, 18-28.

- Dallos, R., Steadmon, J., & Johnstone, L. (2014). Integrative formulation in theory. In L. Johnstone & R. Dallos (Eds.), *Formulation in psychology and psychotherapy: Making sense of people's problems* (2nd ed., pp. 173-188). Hove, United Kingdom: Routledge.
- Division of Counselling Psychology (DCoP). (2005). *Professional practice guidelines*. Leicester, United Kingdom: The British Psychological Society.
- Division of Clinical Psychology (DCP). (2011). *Good practice guidelines on the use of psychological formulation*. Leicester, United Kingdom: The British Psychological Society.
- Eells, T. D., & Lombart, K. G. (2003). Case formulation and treatment concepts among novice, experienced, and expert cognitive-behavioral and psychodynamic therapists. *Psychotherapy Research, 13*(2), 187-204. doi:10.1093/ptr/kpg018
- Fernández-Ballesteros, R., De Bruyn, E. E. J., Godoy, A., Hornke, L. F., Ter Laak, J., Vizcarro, C., . . . Zaccagnini, J. L. (2001). Guidelines for the assessment process (GAP): A proposal for discussion. *European Journal of Psychological Assessment, 17*(3), 187-200. doi:10.1027//1015-5759.17.3.187
- Fitzgerald, P. E., & Leudar, I. (2012). On the use of formulations in person-centred, solution-focused short-term psychotherapy. *Communication & Medicine, 9*(1), 13-22. doi:10.1558/cam.v9i1.13
- Flinn, L., Braham, L., & das Nair, R. (2015). How reliable are case formulations? A systematic literature review. *British Journal of Clinical Psychology, 54*, 266-290. doi:10.1111/bjc.12073
- Flitcroft, A., James, I., Freeston, M., & Wood-Mitchell, A. (2007). Determining what is important in a good formulation. *Behavioural and Cognitive Psychotherapy, 35*, 325-333. doi:10.1017/S135246580600350X
- Gillon, E. (2012). A response to Simms (2011): Case formulation within a person-centred framework: An uncomfortable fit? *Counselling Psychology Review, 27*(1), 73-76.
- Godoy, A., & Haynes, S. (2011). Clinical case formulation: Introduction to the special section. *European Journal of Psychological Assessment, 27*(1), 1-3. doi:10.1027/1015-5759/a000055
- Goldfried, M. R. (1995). Toward a common language for case formulation. *Journal of Psychotherapy Integration, 5*(3), 221-244. doi:10.1037/h0101272
- Golworthy, R. (2004). Counselling psychology and psychiatric classification: Clash or co-existence? *Counselling Psychology Review, 19*(3), 23-28.
- Grant, M. J., & Booth, A. (2009). A typology of reviews: An analysis of 14 review types and associated methodologies. *Health Information and Libraries Journal, 26*, 91-108. doi:10.1111/j.1471-1842.2009.00848.x
- Hamilton, J., & Kivlighan, D. M. (2009). Therapists' projection: The effects of therapists' relationship themes on their formulation of clients' relationship episodes. *Psychotherapy Research, 19*(3), 312-322. doi:10.1080/10503300902838130
- Harper, D., & Moss, D. (2003). A different kind of chemistry? Reformulating 'formulation'. *Clinical Psychologist, 25*, 6-10.
- Health and Care Professions Council (HCPC). (2015). *Standards of proficiency: Practitioner psychologists*. London, United Kingdom: Author.

- Health and Care Professions Council. (2016). *Standards of conduct, performance and ethics*. London, United Kingdom: Author.
- Honos-Webb, L., & Leitner, L. M. (2002). Therapy progress formulation as interventional assessment. *The Humanistic Psychologist, 30*(1-2), 102-113. doi:[10.1080/08873267.2002.9977026](https://doi.org/10.1080/08873267.2002.9977026)
- Jacqueline, S., & Lisa, B. (2015). Developing and using a case formulation to guide cognitive-behavior therapy. *Journal of Psychology & Psychotherapy, 5*(3), 1-9. doi:[10.4172/2161-0487.1000179](https://doi.org/10.4172/2161-0487.1000179)
- Johnstone, L. (2014a). Controversies and debates about formulation. In L. Johnstone & R. Dallos (Eds.), *Formulation in psychology and psychotherapy: Making sense of people's problems* (2nd ed., pp. 260-285). Hove, United Kingdom: Routledge.
- Johnstone, L. (2014b). Using formulation in teams. In L. Johnstone & R. Dallos (Eds.), *Formulation in psychology and psychotherapy: Making sense of people's problems* (2nd ed., pp. 216-242). Hove, United Kingdom: Routledge.
- Johnstone, L., & Dallos, R. (Eds.). (2014). *Formulation in psychology and psychotherapy: Making sense of people's problems* (2nd ed.). Hove, United Kingdom: Routledge.
- Kendjelic, E. M., & Eells, T. D. (2007). Generic psychotherapy case formulation training improves formulation quality. *Psychotherapy, 44*(1), 66-77. doi:[10.1037/0033-3204.44.1.66](https://doi.org/10.1037/0033-3204.44.1.66)
- Korner, A., Bendit, N., Ptok, U., Tuckwell, K., & Butt, D. (2010). Formulation, conversation and therapeutic engagement. *Australasian Psychiatry, 18*(3), 214-220. doi:[10.3109/10398560903473652](https://doi.org/10.3109/10398560903473652)
- MacDonald, C., & Mikes-Liu, K. (2009). Is there a place for biopsychosocial formulation in a systemic practice? *Australian and New Zealand Journal of Family Therapy, 30*(4), 269-283. doi:[10.1375/anft.30.4.269](https://doi.org/10.1375/anft.30.4.269)
- McAteer, D. (2010). Philosophical pluralism: Navigating the sea of diversity in psychotherapeutic and counselling psychology practice. In M. Milton (Ed.), *Therapy and beyond: Counselling psychology contributions to therapeutic and social issues* (pp. 5-19). Oxford, United Kingdom: John Wiley & Sons.
- Mumma, G. (2011). Validity issues in cognitive-behavioral case formulation. *European Journal of Psychological Assessment, 27*(1), 29-49. doi:[10.1027/1015-5759/a000054](https://doi.org/10.1027/1015-5759/a000054)
- O'Brien, M. (2010). Towards integration. In R. Woolfe, S. Strawbridge, B. Douglas, & W. Dryden (Eds.), *Handbook of counselling psychology* (3rd ed., pp. 173-192). London, United Kingdom: Sage.
- Pain, C. M., Chadwick, P., & Abba, N. (2008). Clients' experience of case formulation in cognitive behaviour therapy for psychosis. *British Journal of Clinical Psychology, 47*(2), 127-138. doi:[10.1348/014466507X235962](https://doi.org/10.1348/014466507X235962)
- Ponterotto, J. G. (2005). Qualitative research in counselling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*(2), 126-136. doi:[10.1037/0022-0167.52.2.126](https://doi.org/10.1037/0022-0167.52.2.126)
- Redhead, S., Johnstone, L., & Nightingale, J. (2015). Clients' experiences of formulation in cognitive behaviour therapy. *Psychology and Psychotherapy: Theory, Research and Practice, 88*(4), 453-467. doi:[10.1111/papt.12054](https://doi.org/10.1111/papt.12054)
- Rogers, C. R. (1946). Significant aspects of client-centered therapy. *The American Psychologist, 1*(10), 415-422. doi:[10.1037/h0060866](https://doi.org/10.1037/h0060866)

- Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology, 21*, 95-103. doi:[10.1037/h0045357](https://doi.org/10.1037/h0045357)
- Rogers, C. R. (1959). A theory of therapy, personality, and interpersonal relationships, as developed in the client-centered framework. In S. Koch (Ed.), *Psychology: A study of a science. Formulations of the person and the social context* (Vol. 3, pp. 183-256). New York, NY, USA: McGraw-Hill.
- Roussos, A. J., Lissin, L. B., & Duarte, A. L. (2007). The importance of the theoretical framework in the formulation of clinical inferences in psychotherapy. *Psychotherapy Research, 17*(5), 535-543. doi:[10.1080/10503300701216272](https://doi.org/10.1080/10503300701216272)
- Simms, J. (2011). Case formulation within a person-centred framework: An uncomfortable fit? *Counselling Psychology Review, 26*(2), 24-36.
- Tompkins, M. (1999). Using a case formulation to manage treatment nonresponse. *Journal of Cognitive Psychotherapy, 13*(4), 317-330.
- Tufekcioglu, S., & Muran, C. (2015). Case formulation and the therapeutic relationship: The role of therapist self-reflection and self-revelation. *Journal of Clinical Psychology: In Session, 71*(5), 469-477. doi:[10.1002/jclp.22183](https://doi.org/10.1002/jclp.22183)
- Vetere, A. (2006). Commentary – The role of formulation in psychotherapy practice. *Journal of Family Therapy, 28*(4), 388-391. doi:[10.1111/j.1467-6427.2006.00359.x](https://doi.org/10.1111/j.1467-6427.2006.00359.x)
- Waddington, L., & Morley, S. (2000). Availability bias in clinical formulation: The first idea that comes to mind. *The British Journal of Medical Psychology, 73*(1), 117-127. doi:[10.1348/000711200160345](https://doi.org/10.1348/000711200160345)
- Watson, J. C. (2010). Case formulation in EFT. *Journal of Psychotherapy Integration, 20*(1), 89-100. doi:[10.1037/a0018890](https://doi.org/10.1037/a0018890)
- Weerasekera, P. (1996). *Multiperspective case formulation: A step towards treatment integration*. Malabar, FL, USA: Krieger.
- West, M., Alimo-Metcalfe, B., Dawson, J., El Ansari, W., Glasby, J., & Hardy, G., ... Richter, A. (2012). *Effectiveness of multi-professional team working (MPTW) in mental health care* (Final report). United Kingdom: NIHR Service Delivery and Organisation programme.
- Woolfe, R. (2012). Risorgimento: A history of counselling psychology in Britain. *Counselling Psychology Review, 27*(4), 72-78.