

ABSTRACT

The next step after the biopsychosocial information is collected from the extended history, extended examination, and extended investigation is the formulation of the 4P factors related to the patient's problems (Predisposing, Perpetuating, Precipitating, and Protective factors). In this 4P formulation, attention is paid to the genogram, time-line, ROADS of the family, and the patient's readiness to change. In certain situations, the SBAR tool (Situation, Background, Assessment, Recommendation) may be needed to help get a better clarity of the situation and issues. Formulation helps us to be strategic in our psychosocial management.

Keywords: Formulation; Predisposing factors; Perpetuating factors; Precipitating factors; Protective factors; SBAR.

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INTRODUCTION

Typically, we conclude patient assessment with a diagnosis. However, if the patient's symptoms are related to problems of living in addition to an organic problem, we need both the usual clinical methods and the extended techniques to gather and analyse the biopsychosocial information.

ASSESSMENT TOOLS IN EXTENDED CONSULTATION

There are 4 tools to assess the information gathered — the genogram, the timeline, ROADS, and evaluating readiness to change.

Genogram

The genogram enables us to very quickly place our patient in a social unit within a context and with a relevant associated biopsychological background.

The genogram is constructed using information obtained with the extended relating and inquiry skills. Three sets of symbols are used

in constructing the genogram — basic genogram symbols showing the family relationships, symbols showing social relationships, and symbols showing the emotional relationships at play.

Timeline

There are 3 ways to represent the timeline.

The first way is to present a **chronological table** of significant events with a column indicating the date and another column showing a description of the events.

A second way is to have a linear representation of the significant events with dates of the milestones indicated, and comments on the events. This is a common way to present a **timeline**.

We can also draw multiple genograms at **significant periods** in life. This has the advantage of showing the social and emotional relationships at sentinel periods.

ROADS to the Family¹

In evaluating the family, there are five family sub-systems to be assessed (Mahoney, 2003). The mnemonic **ROADS** is useful here.

We look into **relationships** within the family and examine how they are established through social and symbolic processes which may change throughout life. The **ordering processes of experience** refer to spoken and unspoken patterns such as rules, routines, rituals, and roles within the family which impose structure upon members' interactions.

The **active agencies** refer to causes supported by the family as well as its goals. These give us an idea of what motivates family behaviours and energies.

Development is the process by which families incorporate the values and beliefs of their culture into the fabric of the family over time.

Self-identity and family-identity are built on physical, spiritual, and social patterns and rules.

ROADS helps us to view the patient as an individual within the context of his family.

Readiness to Change²

With psychosocial issues, after coming to a formulation, we need to assess if the patient is ready to accept treatment and change. The Stages of Change model is useful here — we need to see if our patient is in the pre-contemplation, contemplation,

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preparation, action, or maintenance stage of change (Prochaska and DiClemente, 1983).

4PS OF FORMULATION

When the assessment has been completed, formulate a list of issues relevant to the patient.

Predisposing issues are those intrinsic factors that make the patient act or react, such as personality, past experiences, and even his genetic makeup.

Precipitating issues are the triggers that pushed him into the current situation.

Perpetuating issues keep the problem alive. These may include his social set-up, his attitudes and perspectives, or his habits.

Protective issues are those positive features in his life that balance the negatives.

Together, the 4Ps help us to think about our patient's problem in a systematic way.

If the situation is complex or chaotic, **SBAR**³ is another useful tool with which to organise the information collected. Review of the situation, background information, assessment, and recommendations help caregivers in handovers.

INTERVENTION — ANOTHER 4P'S

When we identify troublesome personal life stories, we use **pattern** work. For example, a patient constantly questions the truth in her physician's advice. She had grown up in an emotionally and physically abusive home and therefore now has difficulty trusting persons in authority. Working with this attitude will require a review of the old patterns of thinking and reacting.

When we recognise a problematic situation, we use **problem** work. This can be as simple. The patient has insomnia because he plays computer games every night and goes to bed too stimulated to fall asleep. It can be more complex. A young woman's palpitations are due to the excessive fears that she has every time her husband travels on business, because she associates airplane flights with crashes.

When we want to address our patient's psychological state, we employ **presence** work. We recognise the need for this when our patient is grappling with questions of meaning or priority. With the presence approach, we try to help him focus on the here and now.

Finally, we can do **positive** work concurrently with any of the other three. With this approach, we help our patient build his life-stance of "happiness" by focusing on positive thoughts and being engaged in meaningful pursuits.

These 4P's are described in units 5 and 6.

REFERENCES

1. Mahoney, J. M. *Constructive Psychotherapy: A Practical Guide*. New York: Guilford Press 2003: 32-34
2. Prochaska JO, Norcross J. *Changing for Good: A Revolutionary Six-Stage*. New York: Collins, 2006
3. Institute of Healthcare Improvement. *SBAR Technique for Communication: A Situational Briefing Model*. URL: <http://www.ihp.org/resources/Pages/Tools/SBARTechniqueforCommunicationASituationalBriefingModel.aspx> (Accessed 2017 Dec 21)

LEARNING POINTS

- **The biopsychosocial information must be evaluated using the genogram, timeline, ROADS of the family, and assessing the patient's readiness to change.**
- **The 4Ps of the reason for encounter can then be formulated. In certain situations, SBAR may be needed.**
- **Formulation helps us to be strategic in our psychosocial interventions.**