

IGDA. 8: Idiographic (personalised) diagnostic formulation

IGDA WORKGROUP, WPA

8.1

The diagnostic process involves more than simply identifying a disorder or distinguishing one disorder from another. It should lead to a thorough, contextualised and interactive understanding of a clinical condition and of the wholeness of the person who presents for evaluation and care.

8.2

This comprehensive concept of diagnosis is implemented through the articulation of two diagnostic levels. The first is a standardised multi-axial diagnostic formulation, which describes the patient's illness and clinical condition through standardised typologies and scales (see IGDA Workgroup, WPA, 2003, this suppl.). The second is an idiographic diagnostic formulation, which complements the standardised formulation with a personalised and flexible statement.

8.3

The preparation of the idiographic formulation starts with the recognition of the perspectives of the clinician, the patient and (whenever appropriate) the family, on what is unique, important and meaningful about the patient. The formulation sets out these perspectives and identifies any discrepancies, permitting their resolution and integration into a shared understanding of the case at hand.

8.4

The clinician's perspectives should represent a synthesising and integrative effort to identify the essential features of the patient's clinical condition and the biological (e.g. genetic, molecular, toxic), psychological (e.g. psychodynamic, behavioural, cognitive) and social

(e.g. support, cultural) factors that are relevant to that condition.

8.5

The perspectives of the patient and the family should cover their understanding of the clinical condition and its contributory factors, the patient's self-image, assets and strengths, and sense of what is meaningful in life, as well as their expectations for the clinical care process. This information should be elicited through questions placed strategically throughout the clinical interview, such as: What problem brought you here? How do you explain what has happened to you? What is important for you in life? What do you expect from clinical care? The most important factor in eliciting the patient's and family's perspectives is the ability to listen well. Learning to listen requires didactic instruction, practice and feedback, as well as a knowledge of the patient's cultural background.

8.6

Integration of clinician and patient perspectives, essential for a therapeutic alliance, should be based on empathetic rapport, reflecting mutual respect and interest, and human feeling between the clinician and the patient. These two people (with the collaboration of the family as needed) should attempt to reach a joint understanding, to the maximum extent possible, of the clinical problems and their contextualisation, the patient's positive factors, and expectations about restoration and promotion of health. Each of these elements is outlined below. Finally, clinician, patient and family should jointly monitor the progress of care and its outcome, and agree on any adjustments to be made.

8.7

The first element of the idiographic formulation is the identification of clinical

problems and their contextualisation. These include disorders, symptoms and problems (based on the standardised multi-axial formulation) described in language shared by the clinician, the patient and the family, as well as key complementary information and the elucidation of pertinent mechanisms and contributory factors, from biological, psychological, social and cultural perspectives. Important disagreements should be noted and their resolution addressed.

8.8

The second element of the idiographic formulation is the description of the patient's positive factors. These are factors pertinent to the treatment of the clinical condition and to health promotion, such as maturity of personality, skills, talents, social resources and supports, and personal and spiritual aspirations.

8.9

The third element of the idiographic formulation outlines expectations about the restoration and promotion of health. These include specific expectations about the types of treatments and their results, as well as aspirations about health status and quality of life in the foreseeable future.

8.10

The idiographic formulation should be presented in natural or colloquial language to maximise the flexibility of its presentation. The length of a written idiographic formulation could be about a page (Fig. 8.1), and that of an oral presentation about 5 minutes. Although this length may be advisable in general, the formulation may vary from a short statement to a much more extensive one, depending on the time available, the purposes and format of clinical care, and other circumstances.

FURTHER READING

American Psychiatric Association (1995) Practice guidelines for psychiatric evaluation of adults. *American Journal of Psychiatry*, **152** (suppl.), 67-80.

COMPREHENSIVE DIAGNOSTIC FORMULATION

WPA International Guidelines for Diagnostic Assessment

SECOND COMPONENT: IDIOGRAPHIC FORMULATION

I Clinical problems and their contextualisation (include disorders, symptoms and problems, based on the standardised multi-axial formulation, in language shared by the clinician, patient and family, as well as complementary key information, mechanisms and explanations from biological, psychological, social and cultural perspectives)

II Positive factors of the patient (include resources pertinent to treatment and health promotion, e.g. maturity of personality, abilities, talents and coping skills, social supports and resources, and personal and spiritual aspirations)

III Expectations on restoration and promotion of health (include specific expectations on types and outcome of treatment and aspirations on health status and quality of life for the foreseeable future)

Fig. 8.1 Blank form for recording the chosen treatment plan. This form may be photocopied free of charge for use in clinical practice.

DeVries, M.W. (ed.) (1999) *The Experience of Psychopathology: Investigating Mental Disorders in their Natural Settings*. Cambridge: Cambridge University Press.

IGDA Workgroup, WPA (2003) IGDA. 7: Standardised multi-axial diagnostic formulation. *British Journal of Psychiatry*, **182** (suppl. 45), s52–s54.

Kleinman, A. (1988) *Rethinking Psychiatry: From Cultural Category to Personal Experience*. New York: Free Press.

Mezzich, J. E., Otero-Ojeda, A. A. & Lee, S. (2000) International psychiatric diagnosis. In *Kaplan & Sadock's Comprehensive Textbook of Psychiatry* (eds B. J. Sadock & V. A. Sadock)

(7th edn), pp. 839–853. Philadelphia, PA: Lippincott, Williams & Wilkins.

Ross, C. A. & Leichner, P. (1986) Canadian and British opinions on formulation. *Annals of the Royal College of Physicians and Surgeons of Canada*, **19**, 49–52.