

## Comprehensive Care Webinar Series Webinar #4: Formulation (part 2) Resources

Note: resources online are hyperlinked. Press Ctrl +click to follow link.

### [Comprehensive Care Documents](#)

<https://qheps.health.qld.gov.au/mentalhealth/resources/clinicaldocs>

The Comprehensive Care Documents address the integration of mental health (MH) and alcohol and other drug (AOD) services through the Consumer Integrated Mental Health and Addictions (CIMHA) application 5.0 release, with shared documentation across both services.

All Comprehensive Care documents will be housed at this site.

### [Comprehensive Care Resource Guide](#) to Formulation, Care Planning and Case Review

**The Multidisciplinary Formulation** (see below in this handout, p2-3)

From the Formulation Resource Guide chapter of the Comprehensive Care Resource Guide p18-21

[https://qheps.health.qld.gov.au/\\_data/assets/pdf\\_file/0035/2587544/formulation-resource-guide.pdf](https://qheps.health.qld.gov.au/_data/assets/pdf_file/0035/2587544/formulation-resource-guide.pdf)

**Cultural Consideration – The Outline of Cultural Formulation (OCF)** (see below in this handout, p4)

From the Comprehensive Care Resource Guide: Introduction (page 9)

[https://qheps.health.qld.gov.au/\\_data/assets/pdf\\_file/0029/2588330/resource-guide-intro.pdf](https://qheps.health.qld.gov.au/_data/assets/pdf_file/0029/2588330/resource-guide-intro.pdf)

### [Clinical Formulation Practice Guide: A collaborative approach](#)

Developed by NSW Health.

**Queensland Transcultural Mental Health Centre** <https://metrosouth.health.qld.gov.au/qtmhc>

### **VIDEOS:**

#### **Multidisciplinary Team Formulation Demonstration**

<https://insight.qld.edu.au/shop/multidisciplinary-team-formulation-demonstration>

Using the 'Sandra scenario,' these videos provide a demonstration of the multidisciplinary team (MDT) formulation approach.

Part 1: Establishing principles and generating ideas (22:23 mins)

Part 2: Prioritisation of themes to support intervention planning (10:23 mins)

#### **Comprehensive Care Toolkit and Resource Pages**

Resources to support the Comprehensive Care: Partnerships in Care and Communication Project, including webinar recordings, videos and other information. For Queensland Health Mental Health, Alcohol and Other Drugs Clinicians. The same resources are made available on each site to improve workforce access.

**Insight:** Comprehensive Care Toolkit <https://insight.qld.edu.au/toolkits/comprehensive-care/detail>

**The Learning Centre:** [REO8 Comprehensive Care Resource Package](#)

(register/log in and click 'enrol me' using the link, or go to [www.qcmhl.qld.edu.au](http://www.qcmhl.qld.edu.au))

### [QC55 Formulation and Care Planning eLearning \(3.5 hours\)](#)

Provides a comprehensive and interactive overview of the founding principles of formulation and intervention planning. The 5P approach to formulation is described and applied. The process of utilising a person's individual recovery goals within a shared formulation, to co-create clinical goals and intervention strategies, is explained and examples provided.

### [Case in Point](#)

A free 30 page guide for AOD practitioners on how to best record clinical case notes and undertake case formulation.

## The Multidisciplinary Formulation

The MDT Formulation Process guides teams on how to come together to generate a formulation informed by the various members of the team. This has been found to be very helpful in situations including complex case reviews, rehabilitation or extended care settings or complex presentations that may require extensive multidisciplinary involvement. It has also been found to be a supportive process in which to build confidence and skills in formulation amongst the MDT.

The focus of the Multidisciplinary Formulation is the **process**, rather than mandating any particular structure to the output, however a service could certainly use this process in conjunction with their choice of a standardised way of documenting formulation such as the 5Ps or Integrated Formulation.

The Multidisciplinary Formulation process seeks to engage all members of the multidisciplinary team to contribute their unique perspectives and understanding of the issues. By achieving this, the “sum will be greater than the parts”, and a rich understanding of the issues will be developed, and then this explicitly leads to care planning, which respects the contributions of all members of the team and assigns roles and responsibilities for the relevant staff.

Principles include safe and respectful, recovery oriented, strengths-based, evidence-based, flexible, curious and reflective, person centred and holistic, inclusive and collaborative.

Given the time taken for this approach, it will be most suitable for situations such as Complex Case Reviews or Extended Treatment and Rehabilitation settings. When used it can greatly add value to the engagement and cohesion of the team, ensuring all members feel heard and are able to actively contribute to a shared understanding of the issues and plan going forward. This can then assist in clear and consistent communication with consumers, carers and other teams. Opportunities to engage with the consumer and carers in the development of the formulation can then add further to this process.

The documentation of the output of this process should be included in the relevant formulation sections of the CIMHA forms, such as Case Review, and then included into the Longitudinal Summary.

The actions and interventions generated should be incorporated into the consumers’ Care Plan.

### Facilitating the Process

#### Essential roles include:

**Facilitator:** Facilitates the actions as described in the Agenda which follows and keeps the meeting on track with time and procedure and guide the reflective process. They ensure participation by all MDT members; validate the unique contributions of each participant and support the group to reflect on new ideas with openness and without fear of judgement of right or wrong.

**Presenting Clinician:** Completes actions as per Preparation Checklist and Agenda including preparation of summary, copy of documentation, presentation, upload summary into CIMHA following meeting and engage follow up actions.

**Scribe:** Documents the discussion and organizes/clusters information into key themes or grouping of ideas – represented visually for all members to see. Develops a written summary of the discussion and agreed actions for the presenting clinician to upload onto CIMHA including:

- Summary of information shared
- A set of collaboratively generated hypothesis statements
- A list of intervention ideas and opportunities
- An action plan including plans for feedback and review (incorporated into the Care Plan).

**MDT Members:** Each discipline to consider the case presentation through their own formulation and theoretical lens and contribute ideas on presenting issues, factors contributing to, maintaining and explaining the presenting issues. Members should engage fully in all aspects of the Agenda.

## Multidisciplinary Formulation Agenda

### Preparation Checklist

- Identify case for presentation e.g. new consumer; complex case; clinical case that would benefit from MDT input; a case clinician is feeling 'stuck' with etc.
- Who should be invited to participate?
- Presenting clinician - complete and document initial assessment and case summary (e.g. Focused Assessments, Substance Use Assessment, Psychosocial Assessment, Risk Screen, Longitudinal Summary, recent Case Review).
- Circulate any relevant information in advance.
- Identify Facilitator and Scribe.
- What resources will be needed?

### Session Agenda

#### **Welcome and Introductions:**

- Who is present, from which team, what service and role

#### **Overview of Process:**

- Facilitator to clarify with the presenting clinician what specific area of input they would like from the team (i.e. what would you like the team to focus on/reflect upon?)
- Overview of agenda
- Safety set up – what are the group rules and expectations? Re-visit principles.

#### **Case Presentation:**

- Presenting clinician to provide a summary of the initial assessment findings and longitudinal history
- Presenting clinician to present their initial case formulation
- Facilitator: MDT to ask the presenting clinician any clarifying questions about the information presented.

#### **Ideas Generation:**

- Each discipline to consider the case presentation through their own formulation and theoretical lens and contribute ideas on the presenting issues, factors contributing to, maintaining and explaining the presenting issues
- Identification of strengths helping the consumer and family.

#### **Hypothesis Generation:**

- Each discipline to contribute their best guesses about what is going on
- Hypotheses can be grouped into themes.

#### **Prioritisation:**

- Which are the most important hypotheses to address?
- What would the consumer / family consider the most important?
- What would create the most change? What would be the easiest to change?

#### **Intervention Planning:**

- Match recommendations or intervention ideas to each of the hypotheses
- Identify goals, actions and roles and responsibilities - Identify which positions within the team are best placed to offer required interventions.

#### **Closing:**

- Facilitator summarises the MDT discussion, recommendations and agreed actions to close meeting.

### Follow Up Checklist

- Has the session been documented and uploaded to CIMHA?
- Are there any post session contributions to incorporate from people unable to attend the formulation session?
- How are we going to proceed with implementation of actions?
- How will we share information, monitor and review outcomes?

# Cultural Consideration – The Outline of Cultural Formulation (OCF)

From Comprehensive Care Resource Guide: Introduction, page 9

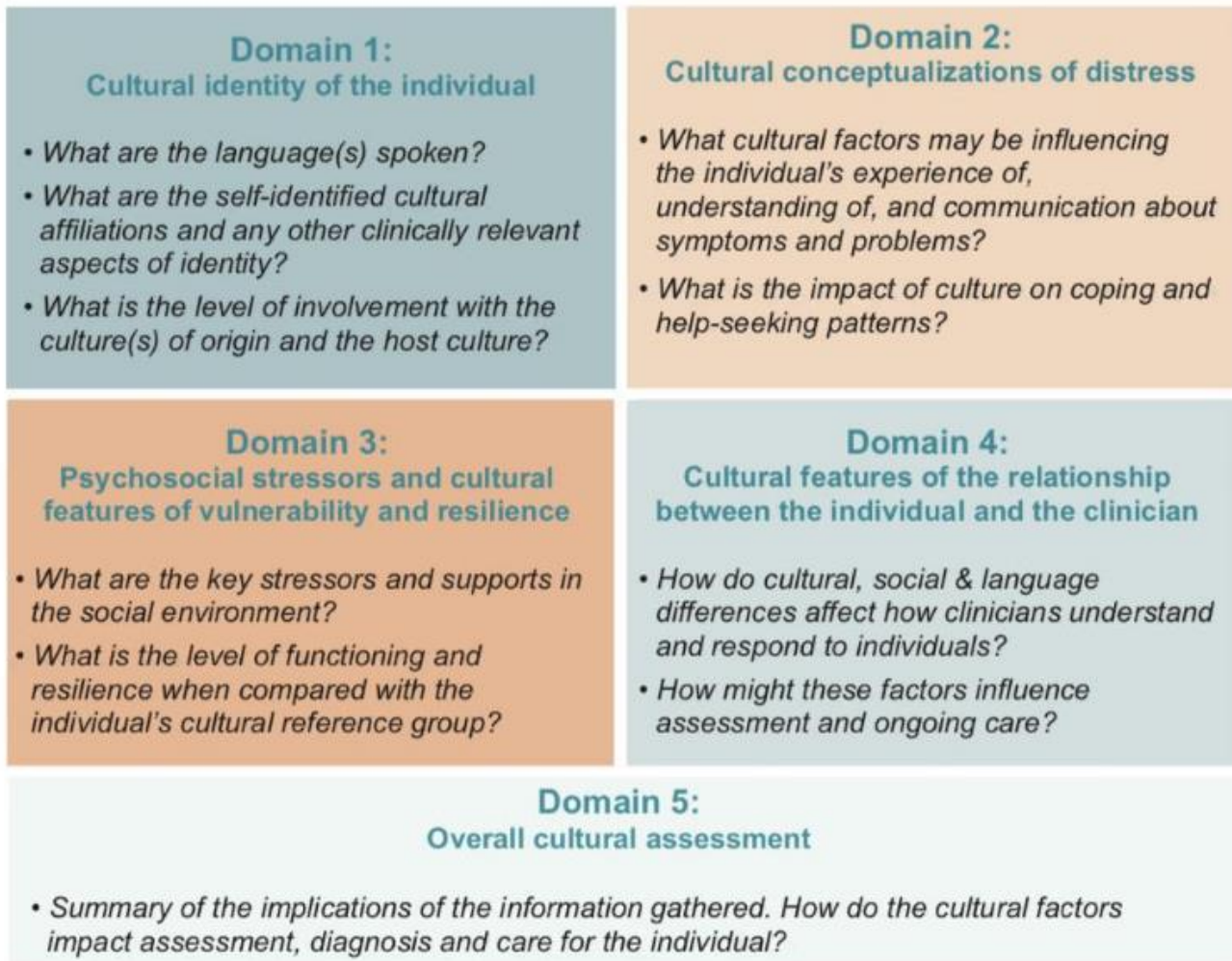


Figure 1. The Outline of Cultural Formulation (OCF), adapted from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition