

Formulation in Risk Practice

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The [Framework for Risk Assessment Management and Evaluation \(FRAME\)](#) for children and young people under 18 aims to bring consistency to the ways in which agencies assess, manage and evaluate the risks presented by offending behaviour. The five Practice Standards within FRAME set a benchmark for effective practice. 'Risk Assessment' is the first Practice Standard, and FRAME states that such assessments are best undertaken within the context of structured professional judgment (SPJ) and underpinned by holistic formulation. The SPJ approach guides decisions about what type of harm the individual is likely to engage in, the seriousness of the harm, the likely victim(s), in what circumstances the harm is likely to occur, and then makes recommendations as to how to prevent the harm from occurring. There are six key stages to the SPJ approach – gathering background information, identification of risk factors, formulation, scenario planning, risk management, and communication and review (Logan, 2016). This information sheet will focus on the formulation stage, as formulation or analysis of risk is included in various professional standards and guidance documents, but is often the stage that practitioners report is most complex ([HCPC Standards of proficiency for Practitioner Psychologists](#), 2015; Care Inspectorate Inspection Handbook 2016/17: Joint inspection of service for children and young people).

Lewis and Doyle (2009) define risk formulation as a form of analysis that can assist practitioners to explain the origins, development and maintenance of risk behaviour, while providing a crucial link between assessment and management. There are various models of formulation, often linked to the theoretical basis that practitioners are working from. In the absence of a definitive theory about violence or harmful sexual behaviour (HSB), it is helpful to use an integrative formulation framework such as the 4P's model (Johnstone & Gregory, 2015; Weerasekera, 1996). This model distinguishes between predisposing (factors in the individual's past that may increase vulnerability to violence/HSB), precipitating (circumstances that may trigger the behaviour or disinhibit usual behavioural controls), perpetuating (factors that cause the risk to remain/hinder risk reduction attempts) and protective factors (aspects of the individual's functioning or circumstances that moderate/mitigate the risk). The types of factors to consider include biological, psychological, family system, and social network factors. Additionally, Johnstone and Gregory (2015) state that when developing formulations with children and young people, practitioners should be developmentally, systems, trauma, and vulnerability informed. This ensures that the child's age and stage of development and the systems within which they are embedded are considered, as well as the link between [adverse childhood experiences](#), [vulnerabilities and violence](#) (see the book chapter for an example case formulation using this model).

While the 4P's model assists in organising information, it is necessary to ensure that these factors are combined into a coherent narrative, including the meaning that the individual has attributed to life circumstances or events ([BPS, 2011](#)). Using our theoretical knowledge, we can unpick the mechanism through which the identified dynamic risk factors might drive the child's behaviour (for example, through limited ability to identify emotions, reinforcement of harmful behaviours by other systems, negative views of themselves and/or others, hypervigilance and proneness to perceive threat) and therefore deliver more individualised and effective interventions (Ward &

Fortune, 2016). Psychologists often use a cognitive behavioural therapy model of formulation to aid the identification of personal meaning for the individual by linking early experiences, feelings, views of themselves and others, and behaviour. Understand the good reasons why you feel the way you do. Make sense of your experiences. Decide what changes you want in your life.

It is important that formulations are collaboratively generated with the child, and their caregivers where appropriate, as this helps the child's understanding of their behaviour and encourages motivation to consider change. The British Psychological Society (BPS) has produced a leaflet for use by Clinical psychologists to aid children's understanding of formulation explaining it as "a way of describing problems and ways out of them". The formulation should become the basis for determining any change achieved, and the changes should determine whether the original formulation (hypothesis) was correct or whether any adjustments to our understanding of the difficulties need to be made (Cooke & Logan, 2015). If individuals are not well understood then it is difficult to manage risk with focus, clarity of objectives and confidence (Logan, Nathan & Brown, 2011).

Whether good quality formulations improve intervention planning, and therefore outcomes for children, is unknown, and formulation is an area that requires further research. To assist with research and quality assurance, a revised case formulation quality checklist (CFQC-R) has been constructed, and may be of value in the training, supervision and self-reflection of practitioners (Minoudis et al., 2013; McMurrin & Bruford, 2016). The CFQC-R contains ten criteria and is based on features of good quality formulations described by Hart et al. (2011):

1. The formulation is presented in everyday language that tells a coherent, ordered, and meaningful story
2. The formulation is explicitly consistent with an empirically supported theory
3. The formulation is based on relevant information about the case that is adequate in terms of quantity and quality
4. The formulation rests on propositions or makes assumptions that are compatible or non-contradictory
5. The formulation has a plot that ties together as much of the relevant information as possible
6. The formulation ties together information about the past, present, and future of the case
7. The formulation is free from unnecessary details
8. The formulation goes beyond description, statement of facts, or classification to make detailed and testable predictions. The key predictions are those about which strategies will be most effective in treating and managing harmful behaviour
9. The formulation prioritises and plans treatments
10. The formulation is comprehensive, logical, coherent, focused, and informative

As highlighted in the 2010 practice guidance for Criminal Justice Social Work reports, managers are responsible for the overall standard of reports, but report writers are accountable for the content of reports. It is therefore extremely important that opportunities to develop in line with current best practice are embedded within services. Training in risk practice needs to be accompanied by post-training support, evaluation of the application of learning to practice, and mentoring, if the desired results are to be delivered (Gailey, 2011). As identified in the BPS Guidelines on best practice on the use of psychological formulation, clinical psychologists receive the most in-depth training in formulation, and are well placed to promote its use through practice, teaching, supervision, consultancy and research. Wherever possible, clinical and/or forensic psychologists would be a good addition to the Care and Risk Management process in Local Authorities. The SPJ approach, when done well, takes time. However, if the approach leads to a more comprehensive understanding of the issues underlying engagement in harmful behaviour, then intervention planning is enhanced and should lead to less resource requirements in the longer term, in addition to better outcomes for the child and ultimately, a reduction in future victims.

References

Please see [reference appendix](#)