Biopsychosocial model of formulation

	Biological	Psychological	Social
Predisposing	• What was their temperament at birth? • What do we know about their consistent personality characteristics? • Is there a family psychiatric history? • Are there toxic exposures in utero, birth complications, or developmental disorders? • Is there a history of concussions or traumatic brain injuries? • Neurodevelopmental history	• What is their attachment style? • How did their family act and what is the family structure (i.e. - did the patient model their parent's behaviours, or did they rebel against their parent's behaviours – you either "act like your parents" or "act the opposite of your parents because you don't want to be like them")? • Do they have problems with affect modulation? • Do they have a rigid or negative cognitive style? • Low self-image/self-esteem?	• Poverty, low socioeconomic status, teenage parenthood, or poor access to health care? • Childhood exposure to maternal depression, domestic violence, late adoption, temperament mismatch, or marital conflicts? • Immigration history, marginalization, discrimination, or racism? • Exposure to antisocial personality/traits
Precipitating	• Serious medical illness or injury? • Increasing use of alcohol or drugs? • Medication non-adherence? • Pregnancy or hormonal changes? • Sleep deprivation?	Stressor that activate one or more psychological processes: • **Cognitive**: core beliefs and cognitive distortions • **Dialectical**: emotional dysregulation and dysfunction • **Interpersonal**: grief, loss, disagreement, change/transitions • **Psychodynamic**: unconscious conflicts/defenses, and unconscious repetition of early relationship patterns (psychic determinism)	• Loss of or separation from close family, partner, or friends • Interpersonal trauma • Work/academic/financial stressors • Recent immigration, loss of home, loss of a supportive service (e.g. - respite services, appropriate school placement) • Is the individual's current experience/symptoms similar to a past situation (i.e. - "history repeating itself")? For example,

			they might have had a loss, separation etc. in the past
Perpetuating	• Do they have a chronic illness, functional impairment caused by cognitive deficits, or a learning disorder? • Lack of medication optimization (suboptimal doses) • Lack of treatment or follow up for mental illness • Current substance use? • Chronic medical problems, chronic pain, or disability? • How is patient responding to hospitalization? • What are the degree of the symptoms right now?	One or more perpetuating psychological processes: • **Cognitive**: chronic negative thoughts and reinforcing environment • **Dialectical**: help-seeking and help-rejecting, chronic emotional dysregulation and poor distress tolerance • **Interpersonal**: Chronic/unresolved dysfunctional relationships, interpersonal conflicts, or role transitions • **Psychodynamic**: recurring themes throughout one's life, chronic primitive defenses • What are their beliefs about self/others/world? What ideas have they internalized? • Are there self-destructive coping mechanisms, or traumatic re-enactments? • Ongoing poor coping skills, limited or lack of insight? • Personality traits (e.g. - unable to maintain consistent interpersonal relationships in borderline personality disorder) • How is their attachment style playing out in this particular situation?	• Chronic marital/relationship discord, lack of empathy from family/friends, developmentally inappropriate expectations • Chronically dangerous or hostile neighbourhood, trans-generational problems of immigration, lack of culturally competent services • Ongoing transitions and stressors • Poor finances or working long hours • Isolation, unsafe environment

| **Protective** | • Good overall health
• Absence of family psychiatric history
• What is their response to medications (good response/no response, did they achieve remission, are they optimized on current medications)?
• Do they have above-average intelligence, easy temperament, resiliency, specific talents or abilities?
• No substance use is a protective factor | • Do they have ability to be reflective or modulate their affect?
• Do they have ability to mentalize (see other's perspectives)?
• Do they have a positive sense of self, or adaptive coping mechanisms?
• Psychologically-minded, reflective, and capacity to change thinking patterns?
• Have they previously responded well to therapy?
• Good coping skills, good insight? | • Positive relationships, supportive community, and/or extended family/friends?
• Religious/spiritual beliefs
• Good interpersonal supports
• Financial/disability support
• Has an outpatient healthcare team: GP, psychiatrist, social, or case worker? |