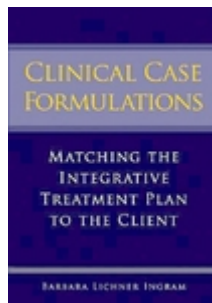


Integrative Case Formulations in Psychotherapy: An Elusive Goal or an Emerging Clinical Reality?

A review of



Clinical Case Formulations: Matching the Integrative Treatment Plan to the Client

by Barbara Lichner Ingram

Hoboken, NJ: Wiley, 2006. 666 pp. ISBN 978-0-471-74314-9. \$50.00, paperback



Reviewed by

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As a lifelong student of psychotherapy integration (Lampropoulos, 2006a), I was intrigued by Barbara Ingram's book on integrative case formulations. Its title not only promises to tackle one of the most complicated issues of psychotherapy training and practice, but it is also consistent with my own efforts to apply the principles of psychotherapy integration to all components of the scientist–practitioner model (including client assessment, case formulation, treatment planning, and outcome evaluation; Lampropoulos, Spengler, Dixon, & Nicholas, 2002). The book is well situated within an emerging field of research and theoretical development on the subject of psychotherapy case formulation in the last two decades. Given that there are several authored and edited books on psychotherapy case

conceptualization from different single theoretical perspectives (e.g., Eells, 1997, 2007), as well as on case formulation methods in general (e.g., Meier, 2002), the primary promise and innovation of this book seems to lie with its focus on helping students and professionals develop *integrative* case conceptualizations and *match* them to specific client problems.

Ingram prefaces her book by explaining how her own experience as an often-frustrated psychotherapy trainee, as well as her subsequent long experience in training beginner graduate students in psychotherapy, has inspired and shaped the writing of this book. She lists five intended goals, including (a) connecting academic training with clinical reality, (b) providing the methods for developing treatment plans that match individual client needs, (c) providing a system for coherent integration of formulations and interventions from various theoretical approaches, (d) improving the quality of clinical case formulations, and (e) providing a variety of core theoretical hypotheses from the main psychotherapy schools to be used in clinical case formulation. A primary underlying assumption of the book is that the method, skills, and content of integrative case conceptualization and treatment planning can and should be taught in a systematic and comprehensive way, drawing upon all schools of psychotherapy. I agree with this premise, although its feasibility and effectiveness in improving psychotherapy outcome are questions that need to be tested empirically.

In my view, the author largely succeeds in most of her aforementioned objectives for this book. First, she provides a well-articulated method for creating a case formulation, which includes the steps of identifying and defining client problems, setting outcome goals for treatment, conducting a thorough subjective and objective clinical assessment of clients and their problems, developing theoretical hypotheses and/or formulations based on these data, and finally generating a treatment plan that stems from these conceptualizations. The book provides a wealth of clinically useful information regarding each of these steps, and for this alone it makes worthwhile reading for psychotherapy trainees. Ingram does a good job in distinguishing between the components of the formulation, as well as between various treatment concepts such as process goals, outcome goals, and intermediate objectives, among others.

One of the prominent features of the book is a useful list of 33 standards by which to judge the quality of the steps of a case formulation. The book is full of examples and distinctions between faulty and correct ways for each step of the formulation, along with explanations, discussions of common mistakes and difficulties, and clinical material to illustrate these points. It includes charts, lists, worksheets, outlines, practice vignettes, skill-building activities, and samples of complete case formulations, all designed to enhance student learning or to be used for clinical purposes.

Although some might disagree that Ingram's description of the case formulation steps (and some of their specifics) is the best or the only way to a systematic and effective approach to the subject, it certainly appears to be a good example that could help students and clinicians to organize their clinical work. Given the detail and organization of Ingram's approach, as well as its wealth of information on pragmatic issues of clinical practice, I

would say that the book succeeds in two goals (a and d), namely in connecting academic training to the real clinical work and enhancing the quality of case formulations. Of course, the ultimate evaluation of accomplishing these goals should be via empirical research.

In addition to providing a detailed, step-by-step description of an approach to clinical case formulation and how to evaluate it, the other primary contribution of this book lies in providing the multitheoretical context for creating integrative case formulations in psychotherapy. This is actually the bulk of the book, with most chapters devoted to describing in detail a list of 28 core theoretical hypotheses stemming from each of the main schools of therapy. These hypotheses are organized in seven categories, which include not only the expected behavioral and learning models, cognitive models, existential and spiritual models, and psychodynamic models, but also biological hypotheses; crisis, stressful situations, and transitions; and social, cultural, and environmental factors. The latter three categories significantly add to the pragmatic nature of the book, bringing it closer to achieving an integration of different theoretical orientations and, most important, the integration of didactic training with clinical reality.

The 28 core hypotheses presumably summarize the most important elements of each theory of psychopathology and change and are to be used for developing integrative case formulations based on each individual client and his or her problems. Examples of such hypotheses include the following: the client has utopian expectations or faulty information processing (cognitive models), the problem has a biological cause (biological hypotheses), and the client is faced with existential issues (existential and spiritual models). Each of the seven chapters that describe the 28 clinical hypotheses summarizes the main theoretical ideas and concepts related to each core hypothesis, along with information about which client problems each hypothesis would match well and issues related to treatment planning and actual therapeutic strategies and processes. It also includes a discussion of which other core theoretical hypotheses each specific hypothesis could possibly be integrated with in an integrative case formulation. These seven chapters go to significant depth and breadth about each theoretical core hypothesis and its background theoretical orientation, and in that sense I believe they succeed in accomplishing another intended goal (Goal e) of the book to provide such reference material.

The chapter sections on When Is This Hypothesis a Good Match? are the key sections of the book, in which the author, based on theoretical knowledge and empirical research, attempts to provide guidelines for matching the case formulation (i.e., each of the 28 core clinical hypotheses) to individual client problems and needs (intended Goal b). This was largely successful, although I would have liked some additional references to empirical findings in some of these sections. The sections on treatment planning for each of the 28 clinical hypotheses are also very rich in clinical material, and together with a final chapter on the treatment plan are very effective in matching the clinical hypotheses with corresponding therapeutic interventions, as well as matching the treatment plan to client individual and clinical characteristics (e.g., stages of therapy, client beliefs, or readiness to change).

However, in my view the author only partially succeeds in her stated goal of providing a method for coherent integration of formulations and interventions from different theories (Goal c), which is a primary objective of the book. There are two weaknesses in this area, which are also inherent in the common factors, technical eclecticism, and theoretical integration approaches to psychotherapy integration (Lampropoulos, 2000, 2001).

The first weakness has to do with the identification and definition of the 28 core clinical hypotheses, which are presumably the most important and unique theoretical hypotheses each theory has to offer. The way these were chosen and defined is unclear and was probably somewhat subject to the author's view. Although I would agree that they largely capture the essence of each theoretical orientation and in that sense are very useful clinical hypotheses, the fact remains that they may still variably overlap with each other, both within the same theoretical domain and between different theoretical domains. For example, the faulty cognitive map hypothesis overlaps quite a bit with the dysfunctional self-talk hypothesis (both from the cognitive models domain) and also with the reenactment of early childhood experiences hypothesis (from the psychodynamic models domain). Although the author acknowledges and often describes such similarities in her Integration of Hypotheses section for each of the 28 core hypotheses (in which she describes possible integrations of the 28 hypotheses), it is likely that such similarities will be confusing to some students when it comes to choosing and integrating various overlapping hypotheses. Of course, separating and clearly defining the unique ingredients of each theoretical approach are daunting challenges to all integrative–eclectic theoreticians, researchers, and clinicians, given the existence of major common factors in all psychotherapies (Lampropoulos, 2000).

The second weakness has to do with the intended goal to reach a coherent integration of ideas and interventions from different theories. I believe that this is accomplished only in an eclectic sort of way, by Ingram ensuring the match of the clinical conceptualizations to client problems and to treatment plans and striving for a case formulation essay that flows coherently. However, the book does not emphasize the issue of coherent integration of theoretically diverse formulations at a deeper theoretical and epistemological level, which is a primary concern in the assimilative–theoretical integration approaches to psychotherapy integration (which strive to achieve a final theoretical product that is seamlessly and completely integrated at all levels, with no contradictory or incompatible aspects in it; see Lampropoulos, 2001; Messer, 1992). Further, it does not provide a clear and systematic method for evaluating the compatibility among various core theoretical hypotheses within an integrative case formulation, other than the clinician's own subjective assessment based on Ingram's proposals regarding which hypotheses may overlap or fit with others. However, Ingram is to be commended for her efforts to identify and define the 28 core theoretical formulations and to explore their possible integrations. It is a step in the right direction for achieving an integrative approach to case formulation, but I believe that additional systematic work is needed in this area.

In summary, the book is a very helpful clinical guide to developing case formulations in general and a significant first effort to assist students in developing integrative case formulations in particular. In terms of future improvements, the book would benefit from some additional discussion and citations of the contemporary literature on psychotherapy case formulation methods and outcome evaluation (Eells, 1997, 2007; Meier, 2002), as well as the psychotherapy integration movement and the scientist–practitioner model (Lampropoulos et al., 2002) in the text (some of which are provided only as “Suggested Readings” throughout the book). Areas of recommended additional attention in future editions of the book, as well as areas of possible empirical research, may include the following:

1. Given that some research shows that the theoretical preferences of psychotherapy trainees might be determined more by their personality variables and less by their training or their demographic characteristics (e.g., Lampropoulos, 2006b), there is a need to look at how student preferences for specific theoretical formulations and interventions may affect their ability to develop data-driven integrative case formulations. Similarly, students will vary in their skill with certain theoretical approaches, which may also affect their ability to conceptualize and treat a client integratively.

2. Multitheoretical and integrative case formulations, because of their complexity, may require more skill and create more anxiety in trainees, compared with single theory formulations. Further, the optimal timing and methods of psychotherapy integration training have been debated and may vary in training settings, which, however, appear to be generally open to the multitheoretical and integrative training of students (Lampropoulos & Dixon, in press). In any case, skill acquisition and student difficulties in learning integrative case formulations should be studied empirically.

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