Acceptance and Commitment Therapy Case Formulation Template (version 2.2)

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| What problems or issues is the client looking for help with?Mid 30’s man, John, graphic designer, looking for help with IBS,  *Irritable bowel syndrome – pain, discomfort, bloating, constipation, diarrhoea,* *IBS related distress – anxious about having an accident**Shame / embarrassment, feeling not taken seriously, not believed* |
| What internal experiences is the client struggling with as part of this problem or issue? |
| Thoughts / Beliefs / Self Stories*Why can’t I get a cure?**Nothing works**I can’t do anything**I just want a normal life**What if I have an accident?**People don't take this seriously**It’s a ‘women’s’ disease* | Emotions*Fear**Shame**Embarrassment**Sadness**Defeat**Entrapment**Frustration* | Physiological sensations*Bowel discomfort**Pain**Stress* | Urges (if any)*None* |
| What do they typically do (or have done in the past) when these difficult internal experiences come up? |
| What they do | Actual consequencesShort term | Actual consequences Long term |
| *Check the internet for IBS information**Read IBS internet forums / Compare self to others**Try medications / other remedies**Stop exercising**Don't go out with friends**Stop dating**Try and figure it out / analyse it**Pushing self / being hard on self**Taking a rigid / planned approach to exercise* | *I’m trying, feels active**as above**Hope**Relief**Less danger**Avoid it**Feels active**Frustrating but getting active, not letting problems win**Frustrating that cant plan* | *Defeated Confused**as above**Defeat**Fitness down, mood down**Life is on hold**Feel stuck**Confusing / defeated**Defeated**Stop exercising* |
| How flexible or inflexible is the person’s behaviour and what ACT processes seem to be most prominent? |
| CLOSED(avoidant / fused) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | OPEN(willing / defused) |
|  HOOKED(autopilot / dominated by stories) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | CENTRED(present / perspective taking) |
| DISENGAGED(inactive, defeated, not chosen) | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | ENGAGED(acting on chosen values) |
| If this wasn't such a struggle for them, how would life be different, what could they do? |
| Valued life area*Relationship**Friends**Exercise / Health**Creativity* | Possible goals / ideas*Sign up to a dating site?**Exercise more flexibly?**Organise to meet a friend?* |
| How stuck or ‘dug in’ to control strategies is this person? How much will workability / creative hopelessness need to be emphasised?*Very locked in to control strategies, will need to walk through that persistently. Some aspects suggest a broader pattern of inflexibility, e.g. “You have to be hard on your self to succeed”, “You need to have a detailed plan and stick to it for exercising”, “If you figure it out, think clearly you can overcome it”* *These may have worked well in other parts of life and so are highly reinforced.* |
| What aspects of this person’s situation may undermine or support the work? (E.g. poverty, access to resources, unsupportive partner, harassing environment, supportive partner, stable upbringing, etc.)*Educated, intelligent, has a good family history, a history of being active, financially independent, still in work, freelance, resourceful, determined / driven?**But**A bit lonely and isolated, slightly rigid in approach to things, prone to frustration and then defeat.*  |
| Plan for your first few therapy sessions (e.g. interventions, strategies, monitoring, likely pace, potential obstacles, memos to self, things to watch for etc.)*Creative hopelessness, walking through consequences of strategies carefully and persistently, will use sailing boat metaphor, will need to be highly validating of him having done all the logical things, his ‘mindyness’ and his frustration for results may be obstacles.**He will be trying to figure out what therapy is about and will likely link it to a strategy of controlling IBS* |