

INNOVATIVE MOMENTS AND CASE FORMULATION: FINDING RESOURCES AT THE ONSET OF THE THERAPY

MOMENTOS INNOVADORES Y FORMULACIÓN DE CASOS: ENCONTRANDO RECURSOS AL INICIO DE LA TERAPIA

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Abstract

At the beginning of the therapeutic process, clients frequently feel immersed in their problems, and demoralized, with a negative perspective of different areas of their lives. The clients' discourse is specially focused on difficulties and previous ineffective attempts to overcome their problems. Even though positive aspects of the clients' life continue to exist, such as resources and strengths, they have little visibility in the clients' speech and, consequently, in the therapist's assessment and intervention planning. Moreover, most psychotherapy models emphasize a focus on the deficits of the clients, centered on the correction of difficulties as a way to achieve mental health. In this context, we highlight the importance of integrating resources and strengths of the clients' life in case assessment, clinical formulation, and treatment planning. This information can be collected in the assessment phase, but in order to make it explicit the relevance of this information we created a protocol designed for this purpose (Feedback Initiated Narrative Development Protocol [FIND]). The first component of FIND invites clients to reflect on aspects beyond their problem like their personal strengths, significant values, positive autobiographical episodes, and useful strategies that have been adopted in the past. This interview was largely influenced by narrative therapy and innovative moments research, and it provides information regarding clients' resources that may be useful to psychotherapists from different approaches. In this paper, we presented a clinical case formulation considering resources evaluated with the FIND protocol.

Keywords: resources, FIND protocol, innovative moments, case formulation

Resumen

Al inicio del proceso terapéutico, los clientes frecuentemente se sienten inmersos en sus problemas y desmoralizados, con una perspectiva negativa de diferentes áreas de su vida. El discurso de los clientes se centra especialmente en las dificultades e intentos previos ineficaces para superar sus problemas. Si bien siguen existiendo aspectos positivos de la vida de los clientes, como los recursos y las fortalezas, tienen poca visibilidad en el discurso de los clientes y, en consecuencia, en la evaluación y planificación de la intervención del terapeuta. Además, la mayoría de los modelos de psicoterapia enfatizan un enfoque en los déficits de los clientes, centrados en la corrección de las dificultades como una forma de lograr la salud mental. En este contexto, destacamos la importancia de integrar los recursos y las fortalezas de la vida de los clientes en la evaluación del caso, la formulación clínica y la planificación del tratamiento. Esta información se puede recopilar en la fase de evaluación, pero para hacer explícita la relevancia de esta información creamos un protocolo diseñado para este propósito (Feedback Initiated Narrative Development Protocol [FIND]). El primer componente de FIND invita a los clientes a reflexionar sobre aspectos más allá de su problema, como sus fortalezas personales, valores significativos, episodios autobiográficos positivos y estrategias útiles que han adoptado en el pasado. Esta entrevista estuvo influenciada en gran medida por la terapia narrativa y la investigación de momentos innovadores, y brinda información sobre los recursos de los clientes que pueden ser útiles para los psicoterapeutas desde diferentes enfoques. En este trabajo presentamos la formulación de un caso clínico considerando recursos evaluados con el protocolo FIND.

Palabras clave: recursos, protocolo FIND, momentos innovadores, formulación de casos

At the onset of therapy, clients usually feel powerless and “demoralized” (Frank, 1961; 1973; Frank & Frank, 1991). Even though some aspects of the clients’ lives continue to generate positive feelings and well-being, and clients’ resources that might help them to improve and cope with the difficulties, they are frequently neglected. Not only the clients’ discourse is usually focused on the problem (White & Epston, 1990) but therapists are also mostly focused on their clients’ difficulties. Consistently, clinical tools to support therapists’ assessment at the onset of therapy are mostly focused on problems. However, this focus on the problematic behaviours and meanings may compromise the clients’ involvement in psychotherapy and the therapeutic outcome (Flückiger et al., 2009), as it may contribute to further demoralizing the clients. Accounting for clients’ resources from the onset of therapy may be crucial to psychotherapy, since they may have a protective effect in mitigating clients’ difficulties (Kuyken et al., 2009). Considering this, we aim to illustrate: (1) how clients’ resources can be assessed using a protocol centered on resource elicitation and (2) how such resources can be integrated into the formulation of a clinical case, contributing to the understanding, and designing of the intervention plan.

Activation of Clients’ Resources in Psychotherapy

The clients’ resources (sometimes called strengths) have been proposed as an important mechanism of change in psychotherapy research (Grawe, 1997), being strategically addressed and prompted in therapeutic approaches such as well-being therapy (Fava & Ruini, 2003), positive clinical psychology (Wood & Tarrier, 2010), and positive psychotherapy (Seligman et al., 2006). Some studies (e.g., Flückiger & Wüsten, 2008) have shown that therapeutic attention to clients’ personal resources has a positive impact on therapeutic efficacy and improves self-esteem, well-being, and coping skills (Grawe & Grawe-Gerber, 1999). Mobilizing clients’ awareness of usually neglected aspects of themselves, outside of the problematic pattern, clients became more proactive in using such personal resources to promote therapeutic change (De Shazer, 1988; Fluckiger et al., 2009; Gassmann & Grawe, 2006; White & Epston, 1990).

When compared with interventions focused on deficits compensation (i.e. interventions that center on correction of patients’ problems or deficits, see Cheavens et al. 2012), the ones focused on resources activation (i.e. interventions that center on change from the perspective of the competencies of the patients, see Cheavens et al. 2012) seem to have higher efficacy in both anxiety and mood disorders (for a review see Munder et al., 2019). Congruently, positive psychology interventions presented beneficial effects on mental health in non-clinical populations (e.g., Bolier et al., 2013) and on clinical disorders (Carr et al., 2020). In this sense, resource activation seems to have an important role in therapeutic success, not only to reduce symptoms but also to increase well-being.

Despite the empirical support for resource activation and compensation

approaches, we propose here that one way of translating these findings to practice is via case formulation that integrates these positive, and often unvalued, facets.

Case Formulation

Although there are several case formulation formats and structures, organized according to different theoretical backgrounds, we depart from an integrative definition - “Psychotherapy case formulation is a process for developing a hypothesis about, and a plan to address, the causes, precipitants, and maintaining influences of a person’s psychological, interpersonal, and behavioral problems in the context of that individual’s culture and environment” (Eells, 2015, p. 16). Case formulation has a central role in psychotherapy planning and treatment (Eells, 2022), in which the clinician raises various explanatory hypotheses for why the client has developed specific difficulties at that moment. It is an important tool to support the therapist to develop greater empathy (Elliott et al., 2018), predicting possible ruptures in the therapeutic alliance (Eubanks et al., 2018), and customizing the intervention plan according to the client’s needs (Eells, 2022; Kramer, 2019).

Differently from other case formulation approaches, in the framework of the cognitive-behavioral therapy (CBT) approach, the 5 P’s model, developed by Macneil et al. (2012), encompasses the integration of protective factors. According to this model five elements may be considered in case formulation, specifically: Problems – a detailed description of the client’s difficulties, that go beyond diagnostic classification; predisposing factors – vulnerabilities based on biological or genetic factors, environmental factors such as pathogenic learning history, early childhood traumas, socio-cultural influences, and psychological or personality factors; precipitating factors – significant events related to the onset of difficulties; perpetuating factors - factors sustaining main difficulties, such as behavioral patterns (e.g., avoidance), cognitive patterns (e.g., attention bias), or biological patterns (e.g., insomnia); and, finally, protective factors – resources or strengths that can attenuate the impact of difficulties, promoting the psychotherapeutic change. Despite this attention to protective factors, clinicians may be heavily drawn to the problematic side of clients’ experiences, as the pressure, also from the client, is on transforming difficult experiences. Moreover, there are few clinical instruments that allow a systematic evaluation of a client’s resources, which can make it more difficult to integrate resources into the case formulation.

In this context, collecting information regarding clients’ resources at the onset of therapy is critical to inform the case formulation. In the current article, we discuss the use of a protocol (FIND, Gonçalves et al., 2021) to inform a model of case formulation that easily fits the 5 P’s model in the framework of CBT.

FIND Protocol

The FIND protocol is composed of three interviews across the treatment processes: pre-therapy resources interview (FIND 1 – an interview developed to identify

resources and prompting innovative moments [IMs] at the onset of therapy); FIND 2 in which IMs that occurred at session 4 are identified; and FIND 3, which is an interview that takes place after the final therapy session, inviting the clients to reflect on the role of the resources in the treatment and invite them to write a message to oneself in the future when difficulties occur (for the full protocol see Gonçalves et al., 2021). For each of these components a therapeutic letter that summarizes the interviews is constructed and delivered to the therapists and clients.

In this paper, we will focus on the first part of the protocol – the pre-therapy interview – FIND 1 resources interview (hereafter just FIND). This interview explores 5 different dimensions: aspects of the clients' life that are “beyond” the problem (based on the narrative approach, the client is not the problem, the problem is the problem; White & Epston, 1990); resources or competences; values; successful changes in previous challenging periods, and changes anticipated in the future.

This protocol was designed to explore aspects of the clients' life that are beyond their problems, namely their resources, dreams, desires, and values, aiming to prime resources and IMs, i.e., moments of exception, outside the influence of the problematic narrative. This protocol is strongly influenced by narrative therapy (White & Epston, 1990) and by the research line on IMs (Gonçalves et al., 2011; Gonçalves et al., 2017), and through it we aim to counterbalance the negative bias and facilitate change, recruiting activation of resources and competencies. Clients are invited to narratively elaborate relevant episodes and skills and reflect on the processes involved in them (e.g., *These characteristics of yours are likely to seem natural and spontaneous, but I would like you to reflect on how is it that you made them occur in you and in your life*, see also White, 2007 for this line of questioning). Moreover, the therapist has access to positive information from the client's life, hardly accessible at such an early stage of the therapeutic process.

Aims

In this present article, we aim to illustrate a clinical case formulation considering the clients' personal resources assessed using the FIND interview (see Gonçalves et al., 2021). Specifically, we present a case formulation from a CBT approach, using the 5P's model, with the integration of resources and IMs informed by the FIND interview.

Method

Clinical Case and Selection Procedures

The case was selected from the sample of a clinical trial comparing treatment as usual (TAU) plus the FIND protocol with TAU (trial registered at OSF Platform¹) running at one university's clinic in the north of Portugal (to be insert after the review process). The inclusion criteria for the clinical trial were: being over 18 years old); suffering from an emotional disorder as the primary diagnosis, and consenting to

participate in the trial and to have the sessions recorded on video. After the intake assessment, clients were randomized to treatment conditions and allocated to one of the intervention groups. The case used in this study was selected by convenience, being the first case to be concluded in the experimental group. The case was diagnosed with agoraphobia based on the diagnostic interview for anxiety, mood, and obsessive-compulsive disorder, and related neuropsychiatric disorders (DIAMOND, Tolin et al., 2016). Lilian (fictional name, with other additional changes to avoid the identification of the client) was a 35-year-old Portuguese single female, working as a social worker. She had been in a romantic relationship for about 5 years. The client had complaints related to “anxiety problems”, namely experiences of fear in everyday situations, and fear of being alone. The crowded places from where an exit was perceived as difficult, or embarrassing, prompted high levels of anxiety. Lilian reported symptoms such as muscle tension, a “lump in the throat”, intense crying, head pressure, and dizziness. She experienced difficulties in performing daily activities, such as going to the supermarket or to the gym and being involved in social activities.

Therapy

Treatment followed Barlow’s transdiagnostic model - unified protocol for transdiagnostic treatment of emotional disorders (UP; Barlow et al., 2011). It is a flexible CBT protocol, consisting of a minimum of 16 and a maximum of 20 weekly sessions, designed to develop adaptative emotional regulation strategies. This protocol encompassed eight different modules, namely: M1 - motivation enhancement for treatment engagement; M2 - psychoeducation and tracking of emotional experiences; M3 - emotion awareness training; M4 - cognitive appraisal and reappraisal; M5 - emotion avoidance and emotion-driven behaviors (EDBs); M6 - awareness and tolerance of physical sensations; M7 - interoceptive and situation-based emotion exposures; and M8 - relapse prevention (Barlow et al., 2011). Lilian completed all treatment modules and received 16 weekly sessions.

Therapists and Researcher

The client was followed in co-therapy (as this case was collected in a university clinic setting): a female therapist with 15 years of clinical experience and a Ph.D. degree in Psychology (main therapist), and an intern male master’s student in Psychology. Both therapists were weekly supervised by senior therapists with expertise in CBT and the UP protocol. The researcher who performed the FIND interview was a female master’s student.

Data Collection

After the intake assessment, the client was allocated to condition 1 (FIND + UP). The FIND interview was conducted by an external interviewer before the first intervention session. Lilian’s FIND interview had a duration of 45 minutes

and 7 seconds. The information obtained by the interviewer was summarized in a therapeutic letter and delivered to the client and therapist at session 1 – where the therapeutic goals were discussed. The client was invited to read the letter and to point out what she considered more important to the therapy.

Below is a piece of that letter:

Hi Lilian,

In the session when we did the interview that aimed at exploring the aspects of yourself that are beyond the problems that brought you to therapy, it was possible to get to know you better. Beyond the difficulties, you are a sociable person who is able to establish good relationships with others. This ability is reflected in your daily life, through the various friendships you maintain and appreciate, and through your participation in various social activities that involve interacting with others, such as volunteering for a social solidarity association.

Furthermore, Lilian, you are a fighter, who is not afraid of new challenges, accepting them and trying to overcome them. For example, when you started working far away from home, in an area that you dreamed – oncology - you were able to face the challenge and realize that, besides being capable, you loved your work.

The support of your family, boyfriend, and friends plays an essential role in your life. In addition, your desire to fight and to overcome your problems, has also been crucial in these moments. Although the support of others is important, you recognize the active role you have in your change process, saying “I have to be the person who overcomes this, not others”. In this way, you try to motivate yourself to face your problems, as you have done at other times in the past. For example, after the end of a 7-year relationship, you managed to take a step towards valuing yourself more and improving your self-esteem.”

Values such as respect, humility, sincerity, and friendship have been essential throughout your life, helping you to develop good relationships with others. When you look to the future, you see yourself as someone who maintains these values, knowing what is most important to you. Moreover, you want to be a mother, to feel happy, to be stable and without the fears that you currently have. Imagining yourself closer to this moment, it may be helpful to remember what the Lilian of the future had to say to you: “You did it! It was worth it! You were strong, it was an important time for you. You weren’t afraid and you sought the help you needed”.

Reaction From the Client After the Therapeutic Letter

After reading the letter, Lilian reiterated the fact that she saw herself as a fighter and capable of facing the current situation:

It’s something that I really want... that’s what I said in the interview... I’m the

one who must fight and try my best to make things better, I can't wait for tomorrow. I know this fight is mine, if I don't put myself to the test, I know I won't get over it.

Content Analysis

Content analysis of the FIND interview enabled the elaboration of seven subcategories based on the client's speech: personal characteristics and skills, activities and interests, interpersonal relationships, significant experiences, values, future projects and preparation for change (see Table 1). These categories resulted from a content analysis performed by 2 independent coders with an agreement of 95% and 0,95 Cohen's kappa value.

Table 1

A brief Description of the Identified Resour

Agentic Resources	Examples
a. Client's positive attributes or abilities.	Being sociable, being a fighter, being cheerful, being strong.
b. Functional areas promoting her well-being.	Church, sports, socializing, listening to music, professional occupation
c. Supportive relationships.	Family, friends, colleagues, love relationship
d. Episodes that resulted in important life learnings.	Health problems, childhood experiences with grandparents, and episodes in her work with cancer patients.
e. Client's values.	Respect, humility, truth, friendship
f. Life goals	Being a mother, a housewife
g. Involvement and positive expectations regarding the therapeutic process outcome.	To acquire adaptive strategies to deal with anxiety, involvement, and motivation regarding the process.

CBT Formulation According to 5 P's Model: Informed by the FIND Interview

We will now take a more detailed look at Lilian's case formulation using the 5 P's model (problems, predisposing, precipitating, perpetuating, protective factors), which illustrates both the difficulties and resources of Lilian's case. Besides resources' identification, we will present suggestions on the use of resources in therapeutic process.

Problem

Lilian presented high levels of anxious symptomatology in places from which she anticipated it could be difficult to leave - supermarkets, shopping malls, restaurants, coffee shops. As physical symptoms, she reported pressure in her neck, which caused a feeling of shortness of breath, tachycardia, dizziness, and tremors/lack of energy in the legs, besides the persistent muscle tension in the cervical area. Lilian reported she avoided the places she associated with the anxiety symptoms and when she faced such places, she experienced intense suffering ("going to the

supermarket or standing in a line with a lot of people is very difficult”). Moreover, she couldn’t be alone fearing feeling anxious and not having someone with her who could help her (“To come to the appointment today I told my mother to keep the phone in her hand so she would be available if I needed”). The client also stopped doing volunteer work at an association, participating in social activities, and going out with friends to places which she anticipated being crowded (e.g., restaurants, coffees). She reported feeling sad for “not being the person she was”, for not feeling comfortable going out, and, as such, not being able to go out with her boyfriend. The client was on medical leave, and she was worried about how she could return to work, and how she could be able to make the trips by car to the workplace since she had to do them alone.

Predisposing Factors

The client grew up living with her parents, elder sister, and maternal grandmother. There was a family history of anxiety and depression problems (her mother had depression and her elder sister had an anxiety disorder). Although the family had been described as present and very attentive to instrumental needs, there was a focus on ensuring financial security and little space to express emotions, especially in childhood and adolescence. The client felt she had to face all the difficulties alone so as not to cause additional problems and from an early age she assumed the role of caregiver. During her adolescence, the client took care of her grandmother who had a severe health problem (“I slept with her, in case she needed something”).

Precipitating Factors

Three months after being vaccinated against the flu, Lilian felt a lot of tension in her chest and a tingling sensation in her left arm. After medical evaluation, Lilian made a magnetic resonance. The client was diagnosed with myopericarditis and was hospitalized. In addition to all the discomfort she had felt during the magnetic resonance imaging (“I felt completely claustrophobic”), the client reported that she became even more anxious after the diagnosis and the fact that she had to be hospitalized. After a 5-day hospitalization, she left the hospital and went with her boyfriend to a shopping mall for dinner, where she began to feel dizzy and had a fainting sensation. The client reported that since then she has been living with her parents (she previously lived alone) and when she needed to leave the house (e.g., to go to a mall, to a restaurant, to the hospital, or go out with friends) she became extremely anxious.

Perpetuating Factors

Since the episode on the shopping mall, the client started monitoring her physical sensations and interpreting them as dangerous (catastrophizing) – (“I am going to lose control”). Moreover, she avoided situations in which she anticipated that she could feel anxious (places where the exit was difficult or embarrassing).

Even the social activities that were previously enjoyable for the client (volunteering, going out with friends). It was very difficult for the client to tolerate negative emotions and sensations and to feel vulnerable. When she faced these situations, she used to go with her boyfriend or family to ensure that she would have help available in case she felt anxious. Moreover, she felt high levels of anticipatory anxiety when she had to leave her parents' home, anticipating physical symptoms and fearing losing control. She avoided being alone at home or going on car trips alone and always had the phone close to her. The client desired to suppress her negative emotions and sensations.

Protective Factors

In the FIND interview, Lilian presented a very positive view of herself, with a central focus on the themes "I'm strong and a fighter", identified as positive characteristics and competencies. At the same time, the client pointed out interpersonal relationships as supportive and helpful in her life, particularly in this difficult moment – "my family and my boyfriend are always present". She was able to describe memory episodes from her past in which she overcame and grew with challenging life circumstances. For example, Lilian pointed out her medical hospitalization: "Something negative that happened to me brought me another way of facing problems; it has already happened to me, I have gained more strength to face these kinds of things, if I had to be hospitalized again it would no longer be new and I could face it in another way". Lilian also described several activities and interests that have been important to her and to her well-being. These activities were linked to the community and represent her identity as "social, active and dynamic". She was involved in a social association and religious activities and belonged to a cultural group, before the beginning of the difficulties.

Regarding the psychotherapeutic process, Lilian showed positive expectations - "I want a change because change is not always negative" as well as realistic expectations of the process as being gradual. Becoming a mother in the future and reducing her anxiety were identified as important goals to achieve.

Resource Perspective

Despite being a manualized treatment (UP; Barlow et al., 2011) highly centred on emotion regulation difficulties and acquisition of new skills (e.g., elimination of avoidance behaviours, and cognitive re-structuring) it is possible to take advantage of the information collected through the FIND interview.

The client recognized different positive aspects of herself (e.g., being sociable, being a fighter), even when she was dealing with several difficulties. Keeping in mind all these aspects from the beginning of the process may allow meaning and process exploration. That is, the therapist can use these aspects to understand and make it clear how the client was able to be a fighter and a strong person (even if she only recognizes this as something from the past). This fosters awareness of

useful processes and involves a particular attention to non-activating situations, that means, situations when the client was able to have positive feelings. From earlier studies, we found that IMs centered on process and positive contrasts (also referred as *high-level IMs*) are involved in elaboration and expansion of more flexible and satisfactory narratives and are associated to therapeutic success (e.g., Mendes et al., 2011; Gonçalves & Silva, 2014).

Since this was a case of agoraphobia, exposure was a central intervention strategy (Morissette et al., 2020). Activities and interests can guide exposure conduction respecting the client's preferences. In this context, we are addressing not only reduction of anxiety levels and challenging dysfunctional thoughts but also trying to recover fundamental areas for the client's well-being. As suggested by previous literature (e.g., Howard et al., 1993) it is important to note that psychotherapy is not only a process of symptom reduction but also a process to increase well-being. Moreover, positive emotions can broaden the perspective and facilitate the acquisition of new resources (Fredrickson, 1998).

The different relationships (family, boyfriend, and friends) are an important support for Lilian. They represent some help to face challenging situations, a context to express negative emotions and possibly obtain validation and a context of positive emotions as love and friendship. Interpersonal relationships are one of the most important resources in the lives of clients (Aspinwall & Staudinger, 2003).

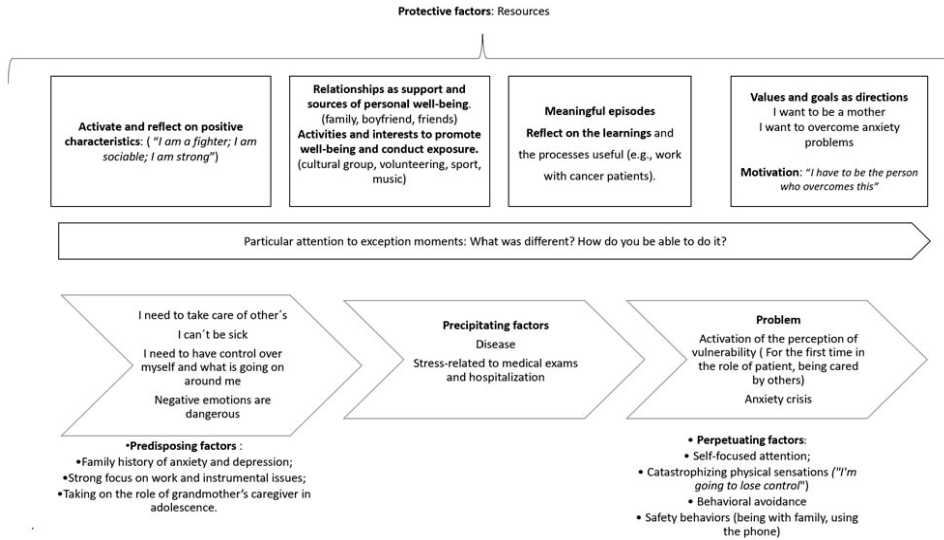
Specific life episodes can be used as learnings for coping with current difficulties. For example, when the client refers to an episode in which she was able to deal with a highly vulnerable situation of one of her cancer patients, the therapist can deepen the skills present at that moment and thereby facilitate how the client deals with her own perceived vulnerability. In this context, autobiographical memory can have a directive function, in which the past experience is used to manage the current situation (Bluck & Alea, 2002). The fact that the client knew what she wanted for her life in a clear way ("I want to be a mother and overcome my anxiety problems"), can be used to direct and target the intervention. More than overcoming anxiety problems, clients try to live a meaningful life according to their goals and values (Eifert & Forsyth, 2005).

Motivational aspects also have a central relevance to facilitate involvement in the therapeutic process (Holtforth & Michalak, 2012) and could be useful to overcome difficult moments in therapy.

To sum up, clear identification of resources at the beginning of therapy can facilitate the working on problematic functioning and promote well-being. Doing this clinical reasoning between the various factors and tailoring the intervention to what the client already possesses, and values may be helpful in making the intervention personalized and successful (see Figure 1).

Figure 1

Case Formulation of Lilian Case According 5P’s Model Informed by FIND



Practical Guidelines to Integrate Resources in Case Formulation

Involving Positive Attributes and Characteristics

Besides negative beliefs about the self, frequently identified in case formulation, it is important to indicate competencies and positive characteristics. By noticing them, the therapist can easily explore what these characteristics mean for the client, search situations from past or present in which these facets are/were present and question about the processes involved. This can be useful to overcome current difficulties, whether because it is easily transposed and applicable to deal with the problem, or even because it promotes positive feelings and positive expectations.

Example:

Therapist: "What do you do to be a strong person?"

Lilian: "I set my own goals and no matter how hard it is for me I say to myself that I have to achieve them."

Therapist: "How do you think this can be useful at this moment?"

Lilian: "I know that to get my life back I have to fight against the problem."

Therapist: "Ok.... so you are here and you're working on that.... Listening to you I was wondering Do you think that a strong person can also feel vulnerable?"

Lilian: "I never thought about that.... Yeah... things happen...we think we always must be strong but ... maybe not."

Using Interests and Activities

Activities and interests are frequently related with well-being and dimensions that are meaningful for the client. On the one hand, it is important to address the aspects that the client maintains, despite the difficulties, as something that increases positive emotions. And on the other, it is important to identify the activities that the client would like to recover or explore in the future. In both cases, activities and interests can be used in therapeutic tasks (e.g., behavioural activation in depression; to conduct exposure in anxiety disorders; to develop new resources).

Example:

Lilian: "The mass has always been important in my life... I miss it..."

Therapist: "How did you use to feel when you went to the mass?"

Lilian: "Serenity, peace ... I really liked it."

Therapist: "I imagine it is very difficult for you to be away from that ... What could be a first step to return?"

Lilian: "Maybe I can go back to the church, on a day when no celebrations are taking place."

The Integration of Social Support

Mapping the social support network in case formulation can enhance the involvement of significant relationships across the therapeutic process. Social support can be crucial to deal with current difficulties (e.g., to start to reduce behavioural avoidance at the beginning of the treatment); to help the client to consider different perspectives; to satisfy emotional and relational needs (e.g., obtain validation and normalization of emotional experience) and to reinforce and help to maintain client's change.

Example:

Therapist: "How was it for you to be with your friends again?"

Lilian: "It was very good. I felt good, relaxed."

Therapist: "What was different in that moment?"

Lilian: "I was able to enjoy the dinner... Without constantly monitoring what I was feeling. I participated in the conversations... it was nice."

Using Past Episodes

Considering past episodes (positives or even negatives) can be useful to reflect on the learnings and the processes that the client used previously. In this sense, instead of only assessing how past episodes are involved in clients' problems, therapists can address the learnings from previous experiences, and integrate them in therapeutic tasks.

Example:

Therapist: "You have already worked with cancer patients and it was very gratifying for you. Can you describe this experience a little bit more?"

Lilian: "Yeah... It was enriching... I didn't pity them ... I felt good suppor-

ting them There are situations where no matter how strong you are, it is difficult... There are moments when we feel more fragile.”

Therapist: “In some way, you understand their vulnerability?”

Lilian: “That’s true. I understand what they were facing...”

Therapist: “Do you think this can be useful to you at this moment?”

Values and Dreams

A clear identification of the aspects that are important to the client and gives meaning to client’s life can give direction to the therapeutic process and purpose for the requirement of some therapeutic tasks. In this sense, this may facilitate the client’s involvement in the therapeutic process (e.g., Frank & Frank, 1991)

Example:

Lilian: “I want to be a mother soon. I don’t want to be always anxious and not be able to do my daily tasks.”

Therapist: “Hum Hum.. I understand... You are already doing it. You went to the supermarket, something that you couldn’t even imagine some weeks before. We can plan our next step.”

Motivation and Positive Expectations

Considering the aspects involved in clients’ motivation and expectations can be relevant across whole therapeutic process. Not only to get the client involved, but also to overcome moments of impasse or discouragement.

Example:

Lilian: “It is difficult to me to talk about my difficulties...admitting them out loud... I don’t even seem to recognize myself anymore.”

Therapist: “I understand, Lilian, and I appreciate your effort. You are being very brave. Since the first appointment you are very committed to the process.”

Lilian: “Yeah... it has been difficult, but I know this is the way to get my life back.”

The identification of all these aspects in the case formulation should be shared and discussed with the client. Furthermore, in all therapy sessions, therapist should maintain a resource perspective, that is, to be attentive to the small moments of change (IMs), by noticing them, being curious about them and trying to expand the meanings associate with them (e.g., how were they possible, what do they represent; see also Freedman & Combs, 1996; White, 2007). These are opportunities to challenge the maladaptive pattern, and invitations to the client to elaborate around helpful processes and positive moments.

Final Remarks

A comprehensive analysis of problems and resources since the beginning of therapy may provide a more balanced view of a client’s situation by considering

resources and problems as independent dimensions but which can be addressed simultaneously (Cacioppo et al., 2011; Willutzki, 2008). Lilian's case clearly illustrates the existence of positive aspects in her life, even in a moment of intense suffering. Therefore, it is possible to outline and tailor the formulation considering both dimensions in order to guide the clinical intervention.

Resources identified in FIND are important sources of well-being and adaptative processes of the client's life that may be capitalized to the therapeutic process. Their integration into the case formulation may lead to a higher activation of resources in therapists' interventions and challenge clients to be more aware of their resources.

Moreover, psychotherapy is not only about helping clients to overcome difficulties but also a way to promote positive emotions in the clients' different life domains. A clear identification of what is important to clients can facilitate the increasing of the clients' well-being and involvement in the therapeutic process. Of course, the positive information about the clients' life could emerge in the therapeutic process spontaneously (i.e., without any interview being conducted). However, the systematization that FIND allows at the very beginning of therapy can clearly organize the clinicians' thinking about these aspects, and therefore facilitate their involvement in the case formulation.

By adopting this resource perspective in case formulation, the therapist will perceive the client in a more integrative way and can be more attentive to small movements of change (IMs) and consequently contribute to its expansion. As was empirically found, the increasing development of exception moments (IMs) throughout the change process is associated with good outcomes cases (Mendes et al., 2010; Santos et al., 2009).

To conclude, therapists from different backgrounds and approaches can use this interview to inform case formulation and to balance the emphasis on clients' deficits. This more balanced perspective may favour the effectiveness of psychotherapy, as was previously found in several studies (e.g., Flückiger et al., 2013).

Notes

Promoting resources in psychotherapy: An innovative moments-based protocol:

- <https://archive.org/details/osf-registrations-d28fk-v1>
- <https://doi.org/10.17605/OSF.IO/D28FK>

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