



NYC-CBT Spring 2017 Newsletter

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BOOK REVIEW

The Transdiagnostic Road Map to Case Formulation and Treatment Planning: Practical Guidance for Clinical Decision Making, by Rochelle I. Frank, Ph.D. and Joan Davidson, Ph.D.

Review by Nicholas R. Forand, Ph.D.

A hot area right now in psychopathology research is the search for so-called "transdiagnostic" mechanisms. Transdiagnostic mechanisms are factors thought to cause or maintain psychopathology that cut across diagnostic categories. They include psychological constructs like perfectionism and neurocognitive phenomena like attentional biases.

The concept of organizing treatment around mechanisms of change is highly consistent with CBT principles and should be familiar to anyone versed in a CBT approach. CBT therapists have known for some time that the mechanisms of psychopathology are often more important than formal diagnoses. For example, we organize our treatment of panic symptoms around the transdiagnostic concepts of anxiety sensitivity and avoidance learning, an approach that works whether we are treating panic disorder or depression with panic attacks.

Despite these recent developments, most CBT treatment manuals are still organized around diagnostic categories. If your client has comorbid conditions or is a poor fit for the protocol, there is little guidance on how to adapt the treatment. Many CBTers rely on a case conceptualization approach to build a treatment around an individual's specific problems, but until now there has been little written on how to integrate the latest research on transdiagnostic mechanisms into models of case conceptualization.

This is the gap in the literature that Frank and Davidson address in *The Transdiagnostic*

Road Map to Case Formulation and Treatment Planning: Practical Guidance for Clinical Decision Making. This book aims to translate the literature on transdiagnostic mechanisms into a coherent method for building and delivering a personalized CBT treatment. It is an effort that builds on decades of basic and clinical research. The authors walk the reader through a list of transdiagnostic processes divided into vulnerability and maintaining factors. They cover assessing patients, building hypotheses about mechanisms, and weaving together specific interventions to induce symptom change. The work owes a debt to Jackie Persons's case formulation approach - Dr. Persons provides the foreword - but broadens the scope to include factors outside of traditional cognitive constructs. For example, the authors embrace concepts from cognitive-effective neuroscience such as arousal regulation and inhibitory control. The authors also provide several well-designed worksheets for developing the case formulation, including a hypothesis generating worksheet and a flexible monitoring form called the "problem deconstruction log."

They also guide the reader on how to select interventions to change the identified mechanisms, under the assumption that changing the mechanism will have a direct effect in improving symptoms and functioning. The authors provide a comprehensive taxonomy of intervention strategies drawn from many therapeutic models. For example, a therapist might choose uncertainty exposures for someone who demonstrates intolerance of uncertainty (whether or not that person is diagnosed with GAD). Perhaps the only weakness of the book is the lack of one-to-one matches between the interventions and mechanisms. Sometimes several intervention strategies are considered appropriate for one mechanism, but this is hardly the authors' fault. The suite of available interventions was not developed with this framework in mind.

It remains to be seen whether the specific mechanisms outlined by Frank and Davidson are correct. However, the general framework is thoughtfully assembled and should stand up to any additions or subtractions over time.

Overall, I found this book to be refreshing and stimulating, and it immediately impacted my clinical practice. If you have a similar curiosity about how to translate work on transdiagnostic mechanisms into practice, I recommend giving it a read.

Frank, R.I & Davidson, J. (2014). *The Transdiagnostic Road Map to Case Formulation and Treatment Planning: Practical Guidance for Clinical Decision Making.* Oakland, CA: New Harbinger Publications

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Spotlight On Local CBT Programs:



Northwell Health's Behavioral Health College Partnership

In 2009, in response to the growing acuity and number of students presenting with psychiatric illnesses on college campuses, Northwell

Health developed the Behavioral Health College Partnership (BHCP) at Zucker Hillside Hospital in Queens, New York. Northwell Health's BHCP is a unique community service program that works closely with 55 affiliated colleges and universities and their student counseling centers to address behavioral health issues impacting undergraduate and graduate students. BHCP collaborates to provide state-of-the-art evaluation and evidence-based treatment for psychiatric crises and aftermath, as well as diverse challenges ranging from adjustment problems to major disorders emerging during the college years. To their knowledge, BHCP is the only program of its kind nationally. The key program elements include emergency transportation and assessment and a young adult inpatient unit and outpatient services that are tailored to the college population.

Emergency Transport and Assessment:

BHCP has partnered with Northwell Health Center for Emergency Medical Services (CEMS) to develop an arrangement with colleges that allows for the transportation of students to the hospital without police involvement and avoids any public display. Pre-determined quiet locations for CEMS pick-up have been established at each college to protect the privacy of students requiring transport and minimize psychological trauma associated with the behavioral health assessment process.

BHCP's emergency assessment protocol consists of established systems of communicating with school personnel which allows the school to provide information to the emergency department (ED) regarding mental health history, current behavior that has led to the need for an emergency assessment, and expressed suicidality and/or homicidality. ED staff are trained to appropriately weight this information alongside their direct evaluation of the student and inform the school of the disposition.

Inpatient Unit Specializing in the College Population:

When admission is necessary to BHCP's college unit, the student is surrounded by fellow student patients who are struggling with similar mental health issues. Students report that the homogeneity of the unit is comforting and normalizing. The unit has established evidence-based special clinical programming to address and de-stigmatize the most common diagnoses of major depressive disorder (CBT) with comorbid borderline personality disorder (DBT informed), bipolar disorder (IPSRT) and psychotic disorders (CBT for Psychosis). Specialty groups and individual treatment focus on common concerns of college students including how to navigate conversations with peers and school personnel regarding school absence, the importance of healthy lifestyle choices, psycho-education on the importance of sleep and circadian rhythms, eating habits, substance use, post-hospitalization treatment compliance, distress tolerance and emotional regulation skills. Parents are encouraged to engage in parent groups that provide psycho-education regarding the prevalence of mental illness in the college population, diagnoses, how parents can best support their child post-hospitalization and the importance of outpatient and medication treatment compliance in outcomes.

BHCP Outpatient Services:

A dedicated team including psychiatrists, psychologists, and psychology trainees provide medication management, individual psychotherapy and group therapy to college students. BHCP utilizes evidence-based treatment modalities within the CBT framework to address the needs of college students experiencing acute episodes of mental health crises. This includes, but is not limited to, Dialectical Behavior Therapy (DBT) programming for college students with emotion regulation challenges. Consistent with the formal DBT model, BHCP's services are complete with a clinician consultation team, patient access to 24/7 coach calls, individual therapy, and group therapy.

BHCP puts great emphasis on the training of professionals (residents, psychology pre-doctoral externs and postgraduate fellows) in both the inpatient and outpatient setting in modalities within the cognitive behavioral framework.

For more information on the Behavioral Health College Partnership please see the program's website at [Northwell Health's BHCP Information](#).