



PERSONALITY DISORDER AND COMPLEX TRAUMA ECHO SESSIONS

Please note that ECHO sessions are not secondary consultations and not intended to replace advice, diagnosis or treatment provided by a health professional.

Clinician Name:	Clinician Organisation:	Mobile:	Email:
What is your role with this case?		How long have you been involved with this case?	

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PLEASE SEND THIS CASE FOR DISCUSSION TO <a blue;"="" color:="" href="mailto:specific specific style=">SPECTRUMECHO@easternhealth.org.au at least a week before the session. Please use bullet points, and only provide enough information to help with answering your question. More information on how to complete this form is provided on the back page.				
Please use bullet points, and only provide enough information to help with answering years. 1 Presenting problem (main concerns and difficulties, including their original diagnosis): Diagnosis: Other presenting problems:	3 Precipitating factors (significant events or stresses preceding their current situation):			
Current biological and psychological treatments and supports:	4 Perpetuating factors (factors that maintain their current situation, including other co-occurring physical and/or mental health disorders)			
2 Predisposing factors (including biological, psychological and social factors):	5 P rotective/positive factors (strengths and supports that mitigate their symptoms):			
Past biological and psychological treatment and supports:	What is the question that you would like help with?			





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This case presentation template follows a clinical formulation known as the 5 Ps¹. A clinical diagnosis of a mental health disorder is not enough to understand the significant aetiological factors that may have influenced the person's symptoms. However, the shared formulation is a process of making sense of a person's difficulties in the context of their relationships, social circumstances and life events. It guides the treatment plan and indicates the best path to recovery.

1. Presenting problem

Goes beyond the diagnosis to include what the person and clinician identify as difficulties or main concerns, how the person's life is affected and when a
particular difficulty should be addressed in treatment.

2. Predisposing factors

o Includes possible biological contributors (e.g., birth difficulties), genetic vulnerabilities, environmental factors (such as socioeconomic status, trauma, or attachment history) and psychological factors (including core beliefs and values) which may have put the person at risk of developing their symptoms.

3. Precipitating factors

o Includes significant events preceding their current symptoms, such as interpersonal, legal, occupational, physical or financial stressors and substance abuse.

4. Perpetuating factors

o Includes factors that maintain the current difficulties such as unemployment, isolation, shame, lack of access to treatment, poor interpersonal relationships, physical health conditions and other co-occurring mental health illnesses.

5. Protective/positive factors

 Involves identifying strengths or supports that may mitigate the impact of their symptoms. These can include social supports, stable relationships, no substance abuse, stable employment, skills, interests and personal characteristics

¹ Macneil, C. A., Hasty, M. K., Conus, P., & Berk, M. (2012). Is diagnosis enough to guide interventions in mental health? Using case formulation in clinical practice. *BMC medicine*, *10*, 111.