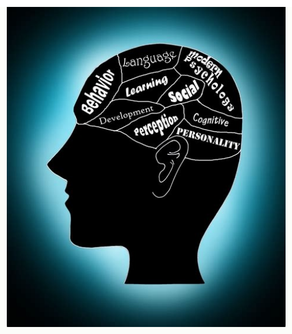
Epilepsy and behavior guide for authors



Persons, J. B., & Hong, J. J. (2016). Case formulation and the outcome of cognitive behavior therapy. In N. Tarrier & J. Johnson (Eds.), *Case Formulation in Cognitive Behaviour Therapy* (2nd ed., pp. 14-37). London: Routledge.

Abstract

We review studies of the effects on treatment outcome of the use of a case formulation to guide cognitive-behavior therapy (see earlier reviews by (Nelson-Gray, 2003; Haynes et al., 1997). We begin the chapter by describing cognitive behavior therapy (CBT) guided by a case formulation, and contrast it to CBT guided by a standardized protocol. Then we review evidence from randomized controlled trials, uncontrolled trials, and single case studies that test the hypothesis that treatment outcome is better when cognitive behavior therapy (CBT) is guided by a case formulation than when it is guided by a standardized protocol. Next we present some evidence that factors that are often included in a case formulation (e.g., the psychological mechanisms that cause and maintain the patient's symptoms, the patient's ethnic and/or cultural background, motivation for treatment) are predictors or moderators of outcome, or mediators of the change process. These types of evidence provide some support for the notion that using a case formulation to aid decision-making during treatment can improve treatment outcome. We conclude by discussing the implications of our findings for research, training, and clinical practice.

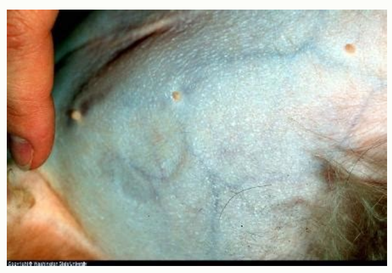
Cognitive Behavior Therapy Guided by a Case Formulation or by a Standardized Protocol

Cognitive Behavior Therapy Guided by a Case Formulation

CBT that is guided by a case formulation (case formulation-driven CBT) has three elements, as shown in Figure 1. First, the therapist collects assessment data and uses it to develop a formulation of the case. A comprehensive case formulation includes information about all of the following: (1) the patient's problems, symptoms, and disorders; (2) the psychological mechanisms (e.g., beliefs and attitudes, contingencies, skills deficits) that cause and maintain the patient's problems; (3) origins of the mechanisms; (4) precipitants that are activating the mechanisms to cause the symptoms and problems; and (5) features of the patient or the environment that are likely to affect treatment progress, including the patient's cultural and ethnic background, personality features, motivation for change, and social support.

<Insert Figure 1 here>

Second, the therapist uses the formulation to select interventions and to make other treatment decisions, such as to focus on increasing the patient's motivation to change before initiating exposure sessions, for example, in order to maximize the chances that the treatment will be successful in accomplishing the patient's idiographic goals. Third, as the therapist implements the treatment, she collects feedback. She collects progress monitoring data in every session to evaluate the patient's response to the therapy and to test the formulation, and, if necessary, uses the data to revise the formulation and the treatment in order to improve the patient's response.



Epilepsy & Behavior produced a special issue that presents an in-depth assessment of the potential of cannabinoids for the effective treatment of epilepsy. Cannabinoids are components of the cannabis plant. This special issue provides an overview for general neurologists and epileptologists, including historical aspects of cannabis use for epilepsy, overview of cannabis botany, general aspects of the endocannabinoid system as it pertains to epilepsy, pharmacology of cannabinoids, available anecdotal and clinical trial data of cannabinoid use for the treatment of epilepsy, safety data, discussion of possible effects of cannabinoids on the brain including neuroimaging data, and the legal aspects of cannabis production, distribution, and use for the treatment of epilepsy. The special issue was guest edited by Dr. Jerzy Szaflarski, Director of the Epilepsy Center, University of Alabama at Birmingham, and Dr, Orrin Devinsky, Director, Epilepsy Center, New York University Langone Medical Center, New York. How to Submit a Manuscript? COPYRIGHT AGREEMENT AND ACKNOWLEDGEMENT OF AUTHORSHIP FORM ICJME Form Archives of Epilepsy is a scientific, open access periodical published in accordance with independent, unbiased, and double-blinded peer-review principles. The journal is the official online-only publication of Turkish Epilepsy Society, and the journal is a quarterly publication, published on March, June, September, and December. The publication language of the journal is English and the journal accepts English manuscripts. The authors of the Turkish articles are required to send English version of their article after their manuscript is accepted. The aim of the journal is to publish original research articles of scientific and clinical value on epilepsy diseases. The Archives of Epilepsy also publishes reviews, rare case reports, and letters to the editors. The target audience of the journal includes specialists, researchers and professionals who working and interested in the fields of psychiatry, neurology, psychology, behavioral sciences, and neuroscience. EDITORIAL AND PUBLICATION PROCESS The editorial and publication processes of the journal are shaped in accordance with the guidelines of the International Council of Medical Journal Editors (ICMJE), the World Association of Medical Editors (WAME), the Council of Science Editors (CSE), the Committee on Publication Ethics (COPE), the European Association of Science Editors (EASE), and National Information Standards Organization (NISO). The journal conforms to the Principles of Transparency and Best Practice in Scholarly Publishing (doaj.org/bestpractice). 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