



Evidence Search results

Search topic:	Delivering psychological team formulation to mental health inpatient teams using the cope comprehend and connect (CCC) model
Date requested:	23 rd March 2026
Date completed:	9 th April 2026
Search completed by:	Claire Field
Number of results selected:	27
Time taken:	17 hours

Citing this evidence search

If you reference this search in any paper, publication or presentation, please let us know and use the following format:

Field, C, (2026). *Evidence summary: Delivering psychological team formulation to mental health inpatient teams using the cope comprehend and connect (CCC) model*. Taunton, UK: Somerset NHS Foundation Trust Knowledge & Library Service.

Summary of results

This evidence summary may have been generated in part by using AI

A range of sources were searched to identify evidence relating to the delivery of psychological team formulation in inpatient mental health settings, gaps in the evidence base, and ways of involving service users safely using the CCC model. All available evidence specific to the CCC model was included. However, understanding of how team formulation is delivered in inpatient settings, and how service users can be involved in emotionally safe ways, is also informed by the wider literature on team formulation and co-production. This is because the current evidence on CCC focuses largely on describing and defining the model, with limited detail on how CCC-based team formulation is implemented in practice. [Harris \(2026\)](#) identifies NHS trusts that have implemented the CCC model; contacting these services may therefore be useful to supplement this review with practical implementation information.

There are limited standardised protocols for team case formulation and research lacks insights from facilitators. ([Riches et al, 2024b](#); [Wasiewska et al., 2024](#)). The delivery of team formulation involves:

- **Preparation:** Gather background information and multiple perspectives ([Lewin et al., 2025](#)); clarify the purpose of the meeting and roles ([Riches et al., 2024](#)); consider how (or if) the service user will be involved ([ACPUK, 2022](#); [Miners et al., 2023](#))



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- **Facilitation of the meeting:** Create a safe, reflective space for staff ([Kramarz et al., 2022](#)); encourage multiple voices and reduced hierarchy ([Lewin et al., 2025](#)); help staff move from frustration to understanding ([Berry & Hartwell, 2023](#)); use the CCC model to structure thinking. CCC focuses on *understanding, coping and connection* ([Harris et al., 2026](#); [Clarke, 2024](#)) and this often leads to new ways of thinking about the person ([Lewin et al., 2025](#)) and increased empathy and reduced blame ([Nikopaschos et al., 2025](#))
- **Producing a shared formulation:** A clear, simple narrative is developed ([Hartley, 2021](#)); it links past experiences, current triggers and behaviours ([Berry & Hartwell, 2023](#)); It includes strengths and coping strategies ([ACPUK, 2022](#))
- **Action planning and follow-up:** Agree consistent care strategies across staff ([Wasiewska et al., 2024](#)); document and share the formulation ([ACPUK, 2022](#)); review and update over time ([Riches et al., 2024](#))
- **Key challenges in delivery:** Time, staffing and attendance issues ([Riches et al., 2024](#); [Riches et al., 2024b](#)); lack of clarity about roles and models ([Short et al., 2019](#)); difficulty embedding outcomes into practice ([Riches et al., 2024](#)); limited service-user involvement ([Miners et al., 2023](#))

WHAT ARE THE GAPS IN THE EVIDENCE?

- **The evidence base is limited:** Studies are small, mixed quality, and mostly qualitative ([Bealey et al., 2026](#); [Short et al., 2019](#); [Harris et al., 2023](#)). There is no single agreed definition or model of team formulation ([Short et al., 2019](#))
- **Lack of outcome data:** Few studies measure direct impact on service users ([ACPUK, 2022](#); [Bullock et al., 2020](#)); most evidence focuses on staff experience, not patient outcomes ([Bealey et al., 2026](#)); limited data on long-term effects ([Cole et al., 2015](#)); a conceptual framework encompassing team inputs, processes and outputs in team formulation practice may help identify the factors with key positive impacts ([Short, 2019](#))
- **Limited service-user perspectives:** Service users are often excluded or only indirectly involved ([Clare, 2022](#)); their experiences can include feeling disempowered or talked about ([Tarran-Jones et al., 2019](#)); more co-produced research is needed ([ACPUK, 2022](#); [Webb & Stewart, 2021](#); [Harris et al., 2023](#)); understanding service users' and carers' experience of team formulation, more detailed guidance on ways to involve service users in the process, and to feedback on the process is required to help clarify what works well in practice ([ACPUK, 2022](#))
- **Implementation/definition gaps:** Lack of standardised protocols and a training and development need in team case formulation ([Riches et al., 2024](#)); poor understanding of how team dynamics affect formulation ([Short et al., 2019](#)); barriers such as staffing, training and ward culture ([Riches et al., 2024](#)); what a team formulation is and how it is often used; a clearer distinction between facilitator and participant viewpoints to facilitate clearer and more neutral feedback ([Bealey et al., 2026](#)); the skills necessary to facilitate team formulation sensitively and effectively, given the combination of formulation, group facilitation and consultation skills required ([ACPUK, 2022](#)); evaluating the acceptability and feasibility of multidisciplinary delivery of CCC, the frequency of CCC session delivery, staff perceptions of how CCC fits within their service and what factors facilitate or interrupt successful implementation of CCC as a service model ([Harris, 2023](#)); evaluation of a single-session CCC at MDT level in acute services. ([Bullock et al., 2020](#))





- **Emerging but underdeveloped models.** CCC and trauma-informed approaches show promise but need larger trials ([Harris et al., 2026](#); [Bullock et al., 2021](#)); psychologically informed environments are promising but require further evaluation ([Araci & Clarke, 2017](#); [Riches et al., 2024](#))

HOW DO I INVOLVE SERVICE USERS BUT KEEP THEM EMOTIONALLY SAFE?

This is a key tension in the literature: Involvement improves accuracy and meaning of formulations ([ACPUK, 2022](#)), it supports recovery and empowerment ([Webb & Stewart, 2021](#)); and aligns with “no decision about me without me” ([Clare, 2022](#)) but there are risks to emotional safety. Feeling exposed, judged or misrepresented ([Miners et al., 2023](#)); feeling distress from hearing others discuss their difficulties ([Tarran-Jones et al., 2019](#)); narratives being misused, edited or co-opted ([Yeo et al., 2023](#)); the risk of coercion or pressure to share. ([Yeo et al., 2023](#)) The literature suggests full inclusion is not always appropriate, but exclusion can feel harmful. The goal is flexible, person-centred involvement that prioritises emotional safety over rigid inclusion ([Miners et al., 2023](#); [ACPUK, 2022](#))

Principles for safe involvement:

- **Choice and control.** Always offer choice about involvement ([ACPUK, 2022](#)). Ask: Do they want to attend? What do they want shared? With whom? ([Clare, 2022](#))
- **Preparation.** Explain team formulation in simple, accessible language and concepts and ensure the environment is as informal as possible ([ACPUK, 2022](#); [Wasiewska et al, 2024](#)); prepare the service user beforehand to reduce anxiety ([Miners et al., 2023](#))
- **Different ways to be involved.** Not just attending meetings: Contribute written or verbal input beforehand ([ACPUK, 2022](#)); Use advocates, carers or staff if needed ([ACPUK, 2022](#)); Share recovery narratives (e.g. NEON approach) in a controlled way ([Llewellyn-Beardsley et al., 2025](#))
- **Trauma-informed approach.** Focus on safety, trust and collaboration ([Nikopaschos et al., 2025](#)); Use stabilisation tools (CCC coping strategies e.g. mindfulness, breathing exercises, activating the ‘Reasonable Mind’); Avoid overwhelming emotional exposure ([Harris et al., 2023](#); [Bullock et al., 2021](#), [Riches et al, 2024](#));
- **Ethical use of narratives.** Do not edit or reinterpret stories without consent, avoid using stories for purposes the person didn’t agree to. Recognise potential power imbalances. [Yeo et al. \(2023\)](#):
- **Feedback and co-production.** Share the formulation back with the service user; Co-write it where possible; Clearly label when it is team-generated and provisional ([ACPUK, 2022](#))

I hope this is helpful. Please contact the Library if you would like any further information or would like to revise your search: library@somersetft.nhs.uk.

We would like to capture information about the impact this evidence search has had on your practice or decision—making. We can use this to promote this service to others within the Trust and it also ensures this service continues to develop and meet the needs of everyone who uses it. Please take a few moments to complete our short [impact survey](#).



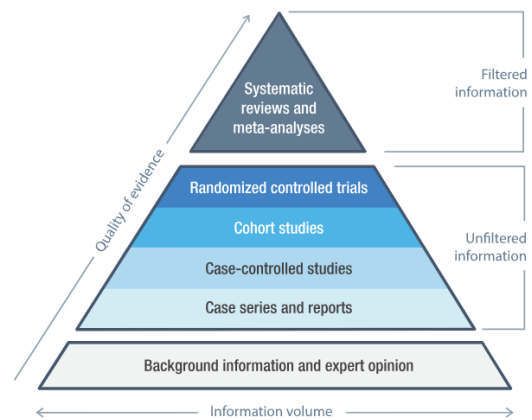


Search results

Full-text access:

Abstracts are provided where available. To check if the full-text of an article is available, click on the links provided and log in with your NHS OpenAthens username and password, if prompted. You can register for an NHS OpenAthens username and password at: <https://openathens.nice.org.uk>. If there is no link, or the full-text is not available to you, please send the details of the article to library@somersetft.nhs.uk or and we will try and find it for you.

For your information, and to help you assess the quality of the research, here is a [hierarchy of the quality of evidence](#) that you may find useful:



INSTITUTIONAL PUBLICATIONS

1. Mental health lived experience narratives; recommendations for avoiding misuses and adopting good practice

Author: Yeo, Caroline et al

Publication Date: 2023

Publisher:

Abstract: This document explores how mental health lived experience narratives are used in healthcare and community settings (including by charities). It highlights common misuses of narratives, including the dangers of narratives becoming commodified, co-opted or used for different purposes other than the author intended. It also highlights dangers for narrators (by which we mean those people who have chosen to share their story); of being subject to coercion or unethical editing practices. Lived experience narratives bring huge value in the unique knowledge they can bring to the understanding of mental distress, and it is important not to see the challenges of using them ethically and appropriately as a barrier to using them at all.

2. Lived experience narratives for mental health recovery The Narrative Experiences Online (NEON) Programme

Author: Llewellyn-Beardsley J et al

Publication Date: 2025

Publisher: Nottingham: Institute of Mental Health.

Abstract: NEON aimed to find out whether having online access to people's real-life stories of recovery from mental health problems could be helpful for people currently experiencing mental distress, and for people who care for them. During our programme, we have used the terms "recovery story" and "recovery narrative" interchangeably to describe these real-life stories. We mostly use recovery narrative in this document.





3. Team Formulation: Key Considerations in Mental Health Services

Authors: ACPUK

Publication Date: 2022

Abstract: Executive Summary:

- The practice of team formulation has grown within mental health services, particularly where team-based models of care are necessary to facilitate care pathways such as inpatient, intellectual disability and older adult services.
- While there is overlap, there are also differences between individual formulation, team formulation and team reflective supervision. All seek to enable the service user's understanding of their difficulties to be heard in the team, and people's needs to be central to the care provided.
- Team formulation supports team members to develop a biopsychosocial, non-judgemental understanding of service user's needs and difficulties, enabling compassionate care, and collaborative, strengths-based care planning.
- Service users should be provided with understandable information about team formulation and support to engage in the process of developing a collaborative formulation that can inform the team formulation when they wish to and are able to.
- Where service users do not wish, or are not able, to attend the team formulation meeting in person, feedback from the meeting and ongoing opportunities to engage in developing a shared understanding should be provided.
- Where service users are not able to understand the idea of team formulation and are unable to engage in the meeting, family, carers or other advocates should be sought to put forward their views and wishes.
- Care should be taken to ensure that the cultural context of the service user is included in the team formulation and that culturally informed advocacy is available to support service users.
- Documentation of the team formulation should be co-produced with service users and carers wherever possible. Language used needs to be understandable and compassionate. Where the service user has not been directly involved in developing the team formulation, any documentation should be clearly identified as coming from an indirect, consultative team formulation, and provisional. Co-developed and co-led research is needed to build understanding of the impact of team formulation on service users' perceptions of feeling understood, being involved in decisions about care, and on treatment outcomes.
- Further research is also needed on the impact of team formulation on multidisciplinary attitudes, understanding of service users' difficulties and needs, and engagement with service users as partners in their care and treatment.
- As with formulation itself, the ideas in this paper are part of an ongoing, collaborative conversation, and will need amendment over time as understanding and practice evolves.

REVIEWS

4. A systematic review of team formulations in multidisciplinary teams: Staff views and opinions.

Author: Bealey, R., Bowden, G., & Fisher, P.

Publication Date: 2026

Journal: Journal of Humanistic Psychology 2026, Vol. 66(1) 134 –161





Abstract: Background: Formulation and working psychologically with teams is considered a fundamental part of the role of a clinical psychologist. Quantitative studies have found staff find team formulations a positive, useful experience. Aims: This review aims to utilize a Thematic Synthesis to combine qualitative studies on staff experiences of participating in team formulations and explore what benefits staff perceive from the process. The review also aims to provide a thorough quality appraisal of the included research. Method: A Thematic Synthesis was completed on qualitative studies which met the required inclusion criteria. The Critical Appraisal Skills Programme qualitative checklist was used to appraise the included research. Results: The studies included in the review were of a mixed quality, and in some instances, there was an insufficient amount of detail to complete an accurate assessment. Overall, seven themes were identified across the studies. Conclusions: The current review highlights the importance of team formulation in general practice for both enhancing staff understanding of service users but also improving professional confidence and validation. The review also highlighted some of the barriers to staff practicing team formulations

5. Considering the team in team formulation: A systematic review.

Author: Short, V., Covey, J. A., Webster, L. A., Wadman, R., Reilly, J., Hay-Gibson, N., & Stain, H. J.

Publication Date: 2019

Journal: Mental Health Review Journal, 24(1), 11–29

Abstract: Purpose

Team formulation, used to understand patient problems and plan care, is a growing practice in adult mental health and learning disability services. The purpose of this paper is to explore definitions applied to team formulation (as distinct to therapy formulation), its underpinning theories, and the inter-relationship between the team and the process of formulation.

Design/methodology/approach

A database search (main search term of team formulation) of peer-reviewed studies was conducted using PRISMA guidelines. A main and second reviewer conducted quality appraisals and thematic analysis. Data were analysed by convergent qualitative synthesis design using thematic analysis to transform evidence from quantitative and qualitative studies into qualitative findings.

Findings

Initial searching produced 4,532 papers, 10 of which were eligible for inclusion. Team formulation has no distinct definition. Theories underpinning the practice of therapy formulation emanating from general psychological theory underpin team formulation. Seven studies applied psychological theories to the examination of team formulation. No studies examined the impact of the team on the formulation. Six themes were generated regarding the impact of team formulation on the team; “increased knowledge and understanding”, “altered perceptions, leading to altered relationships, feelings and behaviours”, “space to reflect”, “useful when stuck or challenged”, “perceived increase in effectiveness” and “improved team working”.

Research limitations/implications

Limited evidence and variable quality compromised the availability of review evidence.

Originality/value

This is the first review to examine team formulation through the context of the team. The authors argue that a conceptual framework to encompass team inputs, processes and outputs in team formulation practice should guide future research.

STUDIES

6. “...A Whole New Way of Thinking About This Person”: An Interpretative Phenomenological Analysis (IPA) of Staff Experiences of Team Formulation in an Acute Psychiatric Ward





Authors: Lewin, Joel W.D, Ord, Pete and Knight, Matthew T. D.

Publication Date: 2025

Journal: Journal of Constructivist Psychology , pp. 1–28

Abstract: Team formulation has increasingly been used in acute psychiatric wards to help staff better understand service users, and to improve care. Team formulation sessions based on the novel Power Threat Meaning Framework (PTMF) have shown promise, although clinicians have previously noted challenges implementing the framework in clinical practice. This study explored eight staff members' experiences of PTMF-based team formulation meetings in an acute psychiatric ward using Interpretative Phenomenological Analysis. Five superordinate themes were derived from the data: (1) This space feels different; (2) The flattening of hierarchies opens space for polyphony; (3) Shifting paradigms and re-conceptualizing the service user; (4) Attuning to and engaging with others: a cascade of collaborative, I-thou connections; (5) Hopes and hindrances for embedding and amplifying team formulation. Staff experienced substantial benefits from PTMF-based team formulation, including flattened hierarchies that cultivated a productive interaction of perspectives. New ways of thinking about service users' difficulties helped staff to attune to service users' needs during challenging interactions. Recommendations are provided to enhance the impact of team formulation meetings. These center around wider attendance, enhanced background information, service user involvement, reflexivity, implementing outcomes and dissemination to the ward team.

7. Trauma-Informed Care on mental health wards: staff and service user perspectives

Authors: Nikopaschos, Faye; Gibbons, Orla; Bailey, Emma; Foxall, Anna; Giachero, Camilla and Burrell, Gail

Publication Date: 2025

Journal: Frontiers in Psychology , pp. 1–13

Abstract: Aim: This is the second study from a two-part evaluation into the impact of introducing Trauma-Informed Care (TIC) to a National Health Service (NHS) adult acute inpatient setting. The project consisted of two linked practices: Power Threat Meaning Framework (PTMF) Team Formulation, and a trauma-informed training program for staff, combined with the provision of Psychological Stabilisation resources. The first paper reported significant reductions in self-harm incidents and the use of restrictive practice on the wards. This paper aimed to elucidate experiences and mechanisms of change through a qualitative exploration of the impact of these new practices on staff and service users. Method: Staff (N = 7) and service users (N = 8) took part in semi-structured interviews about their experiences of the TIC project, which were subjected to Thematic Analysis. Results: Thematic analysis of staff interviews (N = 7) identified three main themes: 'Changes in Knowledge and Understanding', 'Changes in Engagement and Practice' and 'Barriers and Constraints'. Thematic analysis of the service user interviews identified two main themes: 'The Benefits of Stabilisation Interventions' and 'Trauma-Informed Care Helped my Recovery.' Conclusion: Staff felt that the trauma-informed practices provided a meaningful conceptual framework for the better understanding of service users' difficulties, which led to increased compassion and a wider range of helpful responses toward service user distress. Service users reported that they had gained new insights and skills, and been helped by their admission. The findings are considered in relation to the wider literature on TIC, and the benefits and challenges of introducing culture change in inpatient settings.





8. Creating psychologically informed environments on acute psychiatric wards: A lived experience-led study of staff experience

Authors: Riches, Simon; Araci, David; Csehi, Reka; Saidel, Simone; Gatherer, Charlotte; Matcham, Kerry and Clarke, Isabel

Publication Date: 2024

Journal: Journal of Psychiatric Intensive Care 20(1), pp. 35–41

Abstract: Psychologically informed environments aim to transform acute psychiatric settings by providing person-centred, recovery-oriented care. To meet the challenges of implementing these principles, an intensive support programme, derived from the Comprehend, Cope and Connect model, was designed to promote a recovery-focused service. This study aimed to implement the programme in acute wards and explore staff perspectives on its implementation. Qualitative data were gathered from focus groups and semi-structured interviews with ward staff where it was implemented. These were conducted by interviewers with lived experience of acute services. Thematic analysis was used to identify themes from the interviews. Participants were multidisciplinary clinical staff (N = 10) from various professions, including nurses, occupational therapists, and ward managers. Themes were Positive impact on clinical work (n = 9); (n = 7); Significant barriers to implementation (n = 6); Positive impact on patients (n = 6); Positive impact on ward environment (n = 5); Collaboration between professions (n = 5); Increased psychological mindedness of staff (n = 5); Patient barriers to using skills (n = 4); and Increased staff confidence and knowledge (n = 4). Findings indicated acceptability and enthusiasm for the programme. There appear to be clear benefits to staff engaging in psychologically informed programmes, such as increasing their confidence and improving staff unity, in addition to a positive impact on teams, working practice and patients. The findings also highlight barriers to implementation, including staffing levels and patient engagement. Further training and research is required to develop staff awareness of using psychological formulations and to engage patients in these approaches. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

9. Clinical psychologists' experience of facilitating team case formulation in acute and crisis mental health settings

Authors: Riches, Simon; Csehi, Réka; Nicholson, Sarah L.; Cohen, Annis; Winter, Helen and Saidel, Simone

Publication Date: 2024

Journal: Journal of Psychiatric Intensive Care 20(1), pp. 43–57

Abstract: Background: Team case formulation is recommended clinical practice for managing patients' challenging behaviour in acute psychiatric settings. There are limited standardised protocols for case formulation and research lacks insights from facilitators. This predominantly qualitative study aimed to explore facilitators' experience of team case formulation in acute psychiatric settings to understand this practice and inform future approaches. Methodology: Clinicians with experience of facilitating team case formulation were recruited. Quantitative data was collected using visual analogue scales. Qualitative data was collected through in-depth semi-structured interviews and analysed using thematic analysis. Results: Participants were ten clinical psychologists. Findings highlighted benefits of team case formulation, including increasing staff understanding of patients' challenging behaviour and support for staff. Participants reported that a variety of models and approaches are used, which provide different ways of understanding complex presentations





and challenging behaviour. Challenges to delivering case formulation included disruptions to sessions, unclear roles and expectations, and limited attendance, preparation time, and patient involvement. Challenges with dissemination and follow-ups to case formulation included lack of communication and agreement amongst staff and difficulties putting intervention plans into practice due to lack of resources. Conclusion: Team case formulation has benefits for staff and patients. While case formulation appears to enhance psychological-mindedness of staff, promote a person-centred approach, improve ward-culture, and reduce patients' challenging behaviours, there is a need to increase resources, consistency in approaches, collaboration between staff, and evaluation of outcomes. Findings from this study have the potential to inform frameworks for team case formulation.

10. Evaluating the impact of team formulation on staff perceptions of patients and impact on care in an acute inpatient setting

Authors: Wasiewska, Wiktorja; Stephens, EmmaJane; Abdi, Fadumo and WilkinsonTough, Megan

Publication Date: 2024

Journal: Journal of Psychiatric Intensive Care 20(1), pp. 19–27

Abstract: Team formulation is a widely used method of conceptualising mental health needs and aims to develop staff understanding of the complex challenges and behaviours that can occur when providing care; however, research understanding application to acute wards is limited. This study assessed whether team formulation using the Comprehend Cope Connect model in an acute inpatient setting impacted staff perceptions of patients, and whether it influenced subsequent care. A mixed-methods study with a primary repeated-measures, quantitative questionnaire design was used with staff self-rating their knowledge, understanding, confidence and motivation pre- and post-team formulation meetings and providing feedback about the helpfulness of the formulation. Patient notes were examined for evidence of formulation plan action points. Staff ratings increased significantly on all areas of knowledge ($t = 10.89$; $p < 0.001$), understanding ($t = 7.96$; $p < 0.001$), confidence ($t = 7.74$; $p < 0.001$) and motivation ($t = 11.12$; $p < 0.001$) following team formulation, with a significantly greater increase in confidence reported by less experienced staff. Feedback was positive, with the opportunity to learn and share information particularly valued. An inspection of clinical notes two weeks later found evidence of completion for almost 40% of actions identified in the plan from the formulation meeting (a 65% completion rate if actions which were unlikely to have been recorded in clinical notes within two weeks were excluded from the calculation). The results provide evidence of a positive impact on staff perceptions and patient care and suggests that team formulation may particularly help less experienced staff to feel more confident. (PsycInfo Database Record (c) 2024 APA, all rights reserved)

11. Staff views about involving service users in team formulation

Authors: Miners, Alissa; Pratt, Daniel and Shirley, Louisa

Publication Date: 2023

Journal: Psychology & Psychotherapy: Theory, Research & Practice 96(3), pp. 662–677

Abstract: Objectives: The aim of the study was to explore staff views about whether and how service users should be involved in the process of team formulation. Design: This study used Q methodology to explore health care professionals' views about service user involvement in team formulation meetings. Methods: Forty staff members with experience of attending team formulation meetings completed a Q Sort in which they ranked how much





they agreed or disagreed with 58 statements about service user inclusion in team formulation. Factor analysis was used to identify viewpoints within the data set. Results: A three-factor solution accounting for 60% of the variance was considered the best fit for the data. The factors were: 'A safe space for staff', 'Concerns about inclusion and collaboration' and 'Service users might find attendance harmful'. Consensus statements identified areas where all participants agreed. Conclusions: This is an important area for exploration, given the growing practice of team formulation and the professional and ethical issues raised by service user involvement. There are a range of ways to promote inclusion within the practice, and staff should always consider the individual needs of service users.

12. Developing 'Comprehend, Cope and Connect' training for acute and crisis mental health services: Staff, patient and carer perspectives

Authors: Harris, Joseph; Clarke, Isabel and Riches, Simon

Publication Date: 2023

Journal: Journal of Psychiatric Intensive Care 19(1), pp. 33–50

Abstract: 'Comprehend, Cope and Connect' (CCC) is an evidence-based psychological intervention for psychological crisis designed for use in inpatient settings. The aims of the current study were to gain the perspectives of multidisciplinary team (MDT) staff, patients and carers to inform the design of a potential CCC training programme for MDT staff to deliver CCC interventions. Staff, patient and carer perspectives on developing a CCC training programme were collected through video call-based group consultations and written feedback. Thematic analysis was employed to organise and explore latent themes within the data. Thirteen MDT inpatient staff and an expert patient and carer panel of four participated in the study. Feedback showed that the CCC model supported staff in understanding patients beyond labels in a patient-centred and led capacity, and that CCC was helpful in bringing clarity to crisis. Staff participants stated that learning and practicing psychological skills and encouraging confidence would be important when training staff in CCC. They identified needs to embed CCC into ward culture and integrate CCC with care planning for successful implementation of CCC in inpatient settings. The patient and carer panel focused on the needs of patients, concluding that CCC training should emphasise the need to understand patient experience, and promote compassion and empathy. These findings provide evidence for what staff, patients, and carers consider to be important when training MDT staff to deliver CCC interventions in an inpatient setting and form a foundation for implementation of CCC training. (PsycInfo Database Record (c) 2023 APA, all rights reserved)

13. Using CBT interpersonal team formulation on mental health inpatient wards.

Author: Berry, K., & Hartwell, R.

Publication Date: 2023

Journal: Journal of Clinical Psychology, 79(6), 1551–1561

Abstract: Objectives: Team formulation involves a multidisciplinary team coming together to understand the factors leading to the development and maintenance of a patient's problems and the implications of this for future care planning. Method: This paper presents a case example describing this approach in an acute inpatient setting. Results: "William" was a 59-year-old male with long standing mental health difficulties. During his admission, he presented as verbally abusive, intrusive, and sexually inappropriate. He was also controlling





and intimidating toward other patients. Staff were becoming frustrated and hopeless about managing William on the ward leading them to adopt inconsistent approaches in relating to him. A team formulation was developed to understand William's trauma history and how this impacted on his beliefs about himself and other people as well as his way of relating to others. Conclusions: The team formulation helped staff to develop consistent care plans in relation to William's presentation on the ward and more empathy in relation to behaviors that they found challenging.

14. [Staff experience of team case formulation to address challenging behaviour on acute psychiatric wards: a mixed-methods study](#)

Author: Emilia Kramarz, Che Ling Michelle Mok, Megan Westhead & Simon Riches

Publication Date: 2022

Journal: Journal of Mental Health, 32:2, 412-423

Abstract: ABSTRACT Background: Team case formulation on acute psychiatric wards aims to support staff to manage significant levels of challenging behaviour. However, there is limited research on staff experience of case formulation in this setting. Aim: This study aimed to investigate staff experience of team case formulation sessions on acute psychiatric wards and their impact on staff wellbeing. Methods: Eighteen multidisciplinary staff (nurses, doctors, occupational therapists, support workers, activities coordinators) from five acute wards at a South London psychiatric hospital completed a semi structured interview and visual analogue scales on their experience of attending case formulation. Thematic analysis was employed to analyse qualitative data. Results: Participants reported that case formulation supported staff to develop a holistic understanding of service users, provided a safe space for staff to discuss the impact of challenging behaviour and improved teamwork and communication. Participants reported that these benefits increased their ability to identify and support the needs of service users and improved therapeutic relationships. Challenges with establishing continuity of care were highlighted. Conclusion: Team case formulation is an important intervention to support ward staff and has significant benefits to staff wellbeing and quality of care. Greater integration with existing ward practices may benefit both staff and service users

15. [‘It’s just a bunch of people telling your story, excluding you from the telling’.](#)

Author: Clare, C.

Publication Date: 2022

Journal: The Psychologist. 35, 34-36.

Abstract: Caroline Clare with her experience of implementing shared psychology case formulations for staff in a high dependency rehabilitation unit for adult males, and feedback from some of the service users who were involved. Routine practice for us has now changed. Part of the collaboration in developing psychological formulations now involves discussing with the individual how they would want their story to be shared, and who with. Some people may have already been delivering formulations in this way, and I congratulate you if so. Others may have thought about it and talked themselves out of it. For some, it may be an alien concept to you. We moved up the ladder from 'doing for' to 'doing with' on the co-production ladder (National Collaborating Centre for Mental Health document, 2019) and I would encourage others to take the next step. As this document asks professionals to do; 'make no decision about me, without me' (Department of Health 2012).





16. Single-session Comprehend, Cope, and Connect intervention in acute and crisis psychology: A feasibility and acceptability study

Authors: Bullock J.;Whiteley C.;Moakes K.;Clarke I. and Riches, S.

Publication Date: 2021

Journal: Clinical Psychology & Psychotherapy 28(1), pp. 219–225

Abstract: Comprehend, Cope, and Connect (CCC) is a third-wave cognitive behavioural approach developed for acute mental health services. The aim of this study was to assess feasibility and acceptability of a newly developed, manualized single-session CCC intervention delivered face-to-face with service users in acute and crisis psychology services in South London. The study adopted a within-subjects pre-post-test design. Participants (N = 23) were recruited from five acute psychiatric wards and a crisis resolution home treatment team. Service users had a range of diagnoses of complex and severe mental health conditions, in particular mood, personality, and psychotic disorders. Feasibility data were gathered for number of times the CCC formulation was accepted, duration of CCC intervention, clinician adherence to manualised protocol, and frequency of goal-based activity completion. Acceptability data on pre- and post-CCC mood and post-CCC helpfulness were self-reported by participants. Findings indicated a significant increase in positive mood (large effect) and moderate-high helpfulness rating postintervention. Most participants reported goal-based activity completion. There was high fidelity to the protocol, high percentage of acceptance of the formulation and formulation components completed, and frequent single-session completion. Single-session CCC appears feasible and acceptable in acute and crisis psychology services and yields formulation-driven goal-based activities intended to stabilize mental health crisis. High fidelity to formulation protocol suggests broader applications for single-session CCC, for example, to support clinical staff to manage crisis situations in their work environment or to train nonpsychologist clinicians to deliver the intervention for service users. A randomized controlled trial of single-session CCC would increase validity and generalisability of findings.

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17. Exploring coproduction of patient care in a secure mental health setting

Authors: Webb, Elanor and Stewart, Inga

Publication Date: 2021

Journal: Nursing Times 117(4), pp. 34–38

Abstract: Coproduction is an important mechanism in the delivery of person-centred care and can contribute substantially to a patient's recovery pathway. However, secure care presents a number of challenges, which may prevent the embedding of coproduction as standard practice. This article reports on the development and findings of a charity-wide survey exploring the knowledge of and attitudes towards coproduction among staff working in secure mental health care. The survey's findings will inform an educational campaign to improve awareness of coproduction and drive its implementation as standard practice.

18. Team psychological formulation to create a shared understanding of distress: A qualitative study in an older people's mental health inpatient setting.

Author: Tarran-Jones, A., Summers, S. J., Dexter-Smith, S., & Craven-Staines, S.

Publication Date: 2019

Journal: Quality in Ageing and Older Adults, 20(2), 67–6





Abstract: Purpose

Team psychological formulation is an organisational intervention aimed at developing a shared understanding of a person's mental health difficulties. There is a lack of evidence regarding the therapeutic value of this approach for older people. The purpose of this paper is to explore how older people and their carers experience a cognitive-behavioural approach to team psychological formulation, within a mental health inpatient service in the UK.

Design/methodology/approach

A qualitative study using interpretative phenomenological analysis was undertaken. In total, 13 participants were interviewed: five older people/carer dyads, two lone older people and one lone carer.

Findings

Three overarching themes emerged: "Emotional impact of formulation" captured the mixed emotions that the process evoked in participants. "Making sense?" reflected the therapeutic value that participants experienced and what held them back from making gains in their recovery. "Disempowered people trapped in a biomedical world" illustrated the negative aspects of ward care, which hindered recovery.

Research limitations/implications

The findings provide insights into the therapeutic value of team psychological formulation and the difficulties in facilitating the process effectively. More consistency is required to ensure that team formulation is standardised. Further research into the outcomes of the approach for older people is recommended.

Practical implications

Recommendations are proposed for how team psychological formulation can be conducted effectively, using the mnemonic "SETUP".

Originality/value

This study focussed on older people's and their carers' own perspectives regarding the team psychological formulation approach.

19. Investigating the efficacy of a whole team, psychologically informed, acute mental health service approach

Authors: Araci, David and Clarke, Isabel

Publication Date: 2017

Journal: Journal of Mental Health 26(4), pp. 307–311

Abstract: Background: Service user demand and service changes, from hospital based, to community and hospital mix, within acute adult mental health services, focus the need for psychologically informed, holistic, approaches. Aims: (1) Describe and report feasibility of a psychologically led Intensive Support Programme (ISP) to meet this need. (2) Present results of a pilot evaluation of this programme. Method: ISP was implemented in four acute mental health services of the Southern Health NHS Trust, available to both inpatient and outpatient acute services. Evaluation of the service one month after data collection, illustrates operation and level of uptake across different professional roles. The programme was evaluated by assessing psychological distress (CORE-10) and confidence in self-management (Mental Health Confidence Scale) of participating service users before and after intervention. Results: The service evaluation demonstrated extensive roll out of this programme across acute services of an extensive NHS Trust. Repeated measure-tests demonstrated significant decrease in distress ($p < 0.0005$) and significant increase in confidence in self-management of mental health ($p < 0.0005$). Conclusion: Evaluation shows





that ISP can be delivered in routine care in an acute mental health service and results in improvement in self management skills and facilitation of recovery.

20. The Emotion Focused Formulation approach: Bridging individual and team formulation

Publication Date: 2015

Author, Clarke, I

Journal: Clinical Psychology Forum 275

Abstract: The emotion focused formulation approach has been developed and evaluated in acute mental health services since 2004 but is being applied more broadly. Its application both as an individual and a team formulation is explored, along with its cognitive science basis.

ARTICLES

21. Comprehend, Cope and Connect: a trauma-informed holistic approach to address mental health crisis as a team.

Authors: Harris J.; Clarke I.; Aniceto P.; Baxter L.; Cavieres M.; Courtney H.; Donaldson C.; Draper M.; Farr A.; Gausson K.; Haworth E.; Hooper R.; Jones H.; Khatun H.; Lennon L.; Mcnaught M.; Nicholls H.; Pearson K.; Pitt J.; Wilkinson Tough M., et al

Publication Date: 2026

Journal: BJPsych Bulletin 50(1), pp. 56–61

Abstract: Comprehend, Cope and Connect (CCC) is a trauma-informed, transdiagnostic and evidence-based psychological intervention for mental health crises that can be applied cross-culturally. CCC has been implemented in acute and crisis mental health settings across the South of England and in services elsewhere in the UK. More recently, it has been taken up and adapted for specialist community settings, including perinatal services, addiction services and primary care settings. A continuously growing evidence base indicates that CCC could be the next step towards solving the national problem of mental health crises. It is now time for CCC to be piloted and researched nationally.

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22. Psychotherapy unchained: The Comprehend, Cope and Connect approach

Authors: Clarke, Isabel

Publication Date: 2024

Journal: Psychotherapy Section Review (69), pp. 36–40

Abstract: The role of the Comprehend, Cope and Connect model in embedding a psychotherapeutic approach throughout a team, and making such an approach available to those with severe mental health problems, is outlined. The model is explained: its starting point in felt sense; its distributed model of the self, and its co-produced, trauma informed formulation that leads to new ways of coping with the internal state, which can be supported by a wider team. The way in which this makes a psychotherapeutic approach, with emphasis on the power of relationship, available to acute psychiatric and other services providing for those with severe mental health problems, is outlined. The inclusion of spirituality and its applicability to diverse populations is also covered, along with its, so far limited, research base.





23. Using team formulation in mental health practice

Author: Samantha Hartley

Publication Date: 2021

Journal: Mental Health Practice

Abstract: Formulation is a process of developing an understanding of what is happening for a person and why, and therefore what might be helpful for them. It involves gathering information, drawing from personal meanings and theoretical understandings to develop a coherent narrative. Traditionally, formulation is undertaken by a practitioner and a service user on an individual basis, but it can also be undertaken in a team context.

This article explores team formulation, outlining its ideas, implementation and potential effects. It describes some of the evidence, outlines some techniques that can be used and reflects on team formulation in practice. However, it is not a systematic review of the evidence. It is hoped that this process will enable readers to develop an enhanced awareness of the concepts and issues involved, feel more confident engaging in team formulation and recognise the challenges and value that it can bring to clinical practice.

24. Comprehend, Cope and Connect (CCC) - Getting to the simple heart of the complex problem

Authors: Clarke, Isabel

Publication Date: 2021

Journal: Transpersonal Psychology Review 23(1), pp. 14–19

Abstract: This paper provides a brief introduction to the CCC therapy approach while demonstrating how it is embedded in a transpersonal world view. Its origins, starting from inner experience and meeting specific service challenges within various NHS settings are discussed. The theoretical basis for CCC in Interacting Cognitive Subsystems is introduced, providing a non-medical explanation for psychotic and other so-called 'symptoms'. The three components of the approach are explained. 'Comprehend' covers an emotion-focused, trauma-informed, co-produced formulation. 'Cope' is about finding other ways to manage, and 'Connect' is reflected in the central place given to relationship, both with the self, within the self, with other people, and reaching out to wider, spiritual connectedness beyond the human world. The paper concludes by summarising publications, research and deployment of the approach.

25. Team formulation: A critical evaluation of current literature and future research directions

Author: Samantha Cole, Katie Wood & Jason Spendelow

Publication Date: 2015

Journal: Clinical Psychology Forum

Abstract: TEAM FORMULATION refers to the process of facilitating a group or team of professionals to construct a shared understanding of a service user's difficulties. It provides a structured way to integrate information from members of a multidisciplinary team (MDT) and generate hypotheses to inform intervention planning (Johnstone, 2014). As described in the editorial, team formulation appears to be gradually gaining acceptance as an integral part of clinical practice. However, its process, impact and utility are under-researched. Furthermore, the systems and support that appear to be needed for this kind of work may not be generally available





BOOKS

26. Meeting Mental Breakdown Mindfully: How to Help the Comprehend, Cope and Connect Way

Author: Clarke, I.

Publication Date: 2021b

Publisher: London: Routledge.

Abstract: Meeting Mental Breakdown Mindfully introduces the Comprehend, Cope and Connect (CCC) approach, developed and evaluated within mental health services, to a wider audience who need to understand mental health issues, whether for themselves or to support others.

The book deconstructs and normalizes mental breakdown, starting from the individual's inner experience, leading to practical ways of helping people out of distress and impaired functioning, towards the realization of their whole potential. It is based on an understanding of connections in the brain founded in cognitive science, which explains how human functioning can easily go astray. CCC provides a compelling rationale for putting mindfulness at the heart of the solution, along with other ways of coping with emotions and changing behaviour. The approach is brought to life through three illustrative case histories, giving a representative and realistic insight into both the experience of the individual and the workings of the system.

Meeting Mental Breakdown Mindfully will help mental health professionals and those in related fields identify more accurately what people in their organization or under their care are going through.

27. Third wave CBT integration for individuals and teams: Comprehend, Cope and Connect. Routledge.

Author: Clarke, I. and Nicholls, H.

Publication Date: 2018

Publisher: Routledge

Abstract: *Third Wave CBT Integration for Individuals and Teams: Comprehend, Cope and Connect* introduces a therapy that starts from the perspective of the immediate experience of the individual. Developed by the authors, this new, transdiagnostic approach to mental health difficulties brings together the impact of past trauma and adversity on present coping (comprehend), and utilizes the latest in mindfulness and compassion-focused approaches to manage change (cope and connect). Already adopted in a variety of settings, the book demonstrates the approach's practicality and adaptability of the therapy.

The text explores the cognitive science-based theory behind the approach and its place within the range of 'third wave'. It also includes a full manual of the linked individual and group therapy approach piloted in primary care IAPT, including case examples. The application of the approach to psychosis, its adoption in a variety of settings and the evidence base to date are also discussed.

Third Wave CBT Integration for Individuals and Teams will be warmly welcomed by IAPT practitioners looking to adopt a new, third wave CBT approach, as well as other CBT practitioners and clinical psychologists.







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Keywords/search strategy	Limits used
<p>CCC model OR comprehend cope connect OR Emotion Focused Formulation Approach OR emotion focused therap*</p> <p>acute ward OR crisis care OR intellectual disabilit* OR intellectual* impair* OR Inpatient OR learning disabilit* OR mental health inpatient* OR mental health ward* OR patient* OR psychosis OR psychiatric disorder* OR psychiatric inpatient* OR psychiatric patient* OR psychiatric ward* OR service user</p> <p>Psychological team formulation OR team* formulation* OR team case formulation OR formulation approach OR case formulation OR multidisciplinary team care plan</p> <p>collaborat* OR co-deliver* OR co-produc* OR coproduc* OR engage* OR experts-by- experience OR involv* OR lived experience lived experience engagement OR participat* OR patient collaboration OR patient co- produc* OR patient engagement OR Patient experience OR patient involv* OR patient participat* OR shared decision making</p>	

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