

1990). This helps get to the underlying determinants of, or conditions generating, the presenting problem.

Our approach to case formulation involves identifying the client's core pain and using that as a guide to the development of a focus on underlying determinants generating the presenting concerns. This is the case formulation aspect of this treatment. Clients' presenting problems, or symptomatic distress, are seen as manifestations of underlying emotional-schematic processing difficulties. These core painful experiences are articulated as concerns such as a deep fear of abandonment or a shame-based sense of unworthiness.

A defining feature of our approach is that it is process diagnostic (Greenberg et al., 1993) rather than person diagnostic. Thus it is clients' manner of processing, in-session markers of problematic emotional states, and co-evolving therapeutic themes that are attended to as ways of helping to develop a focus on underlying determinants. Although the person in treatment may have been diagnosed as depressed or as having an anxiety disorder, this in itself is not the necessary information to help form a focus. The focus depends much more on the establishment in therapy of the underlying determinants of this person's problems and the collaborative development of an understanding of the person's core pain. In our process-oriented approach to treatment, case formulation is ongoing, as sensitive to the moment and the session context as it is to an understanding of the person as a case. This is both because of the egalitarian relationship one wishes to maintain and because people are seen as active agents who constantly create meaning. People's current momentary states and accompanying narratives are more determining of who they are than any conceptualization of more enduring patterns or reified self-concepts that may be assessed early in treatment. Therefore, in a process-diagnostic approach there is a continual focus on the client's current state of mind and current cognitive/affective problem states. The therapist's main concern is one of following the client's ongoing process and identifying markers of current emotional concerns more than developing a picture of the person's enduring personality, character, or core pattern.

In formulating a focus the therapist therefore attends to a variety of different markers at different levels of client processing as they emerge. Markers are client statements or behaviors that alert therapists to various aspects of clients' functioning that might need attention as possible determinants of the presenting problem. It is these that guide intervention more than a diagnosis or an explicit case formulation. It is the client's presently felt experience that indicates what the difficulty is and whether problem determinants are currently accessible and amenable to intervention. The early establishment of a focus and the discussion of determinants or generating conditions of the depression act only as a broad framework to initially focus exploration. The focus is always subject to change and development,

and process diagnosis of means of focusing each

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Given that we do not assume functioning and dysfunction from ethnically and culturally therapy adopts an empathetic to inherent power in monoculture and their culture as individual empathy is conceived diagnostic labels works of clients from racism in fact pathologize cultural clients with social, economic to their own, therapeutically impose assumptions systems. Therapists educate ground if it is unfamiliar to ation into the mainstream addressed through the therapeutic express discomfort in any

We also recognize that not extended its theoretical commodate cultural differences served populations may resist. They may prefer a less therapeutic office such as the client can be adapted to clients rules and norms surrounding

It is important in this in other cultures. For example, tions readily (Lam & Sue, openly discuss a rationale high degrees of safety, assumption related to emotion is taboo in many cultures thus expressing anger toward late these beliefs. A strong provided and permission given these cultures will express