

more expressive Latin-based cultures somatically. In expressive cultures focusing and symbolizing may need expression. Formulation, however, differences, but given that formulation will take longer to develop a focus to get to a formulation with cer-

a, before therapy begins, a global person's appropriateness for this therapy (i.e. a biochemical disorder) or person more appropriate for marital primary problem determinants, the treatment. This therapy is most effective disorders or traumatic life and existential problems. In addition are judged as not suitable for (high suicidal risk; long-term depressive episodes; psychotic; antisocial personality disorders; e with schizoid, schizotypal, and choices. Beyond an initial assessment and exclusion criteria, that the person is conducted. The person's assessed at the outset and in an on-

formed to allow the formula-
the process, client and therapist
working relationship, clarifying
agreement on the tasks, immedi-
In the initial stages, while the
use formulation, such as an as-
ffective-cognitive processing,
with and responding to the cli-
information or intervening.
co-constitutions that emerge
ed by the therapist. The estab-
ment to the agreement on treat-
alliance (Bordin, 1994). This

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important aspect of alliance formation involves the collaborative identification of core issues and the establishment of a thematic focus. An important aspect of the initial alliance also involves the client perceiving the tasks of the treatment as relevant (Horvath & Greenberg, 1989). The initial tasks that the client needs to perceive as relevant in the treatment are those of disclosure, exploration, and deepening of experience. Once the client is engaged in these, the exploration for a focus begins.

Identifying and articulating the problematic cognitive-affective processes underlying and generating symptomatic experience is a collaborative effort between therapist and client. The establishment of agreement on the determinants of the person's problem helps alliance development in that it implicitly suggests that the goal of the treatment is to resolve this issue. Sometimes this agreement is implicit or so clear that no explicit goals are discussed. Generally, however, an explicit agreement is established that treatment goals involve addressing the underlying determinants and the connection between the determinants and the presenting problem is discussed. Sometimes for very fragile clients, however, it is the establishment of a validating relationship itself that is the goal. For some clients who are unable to focus inward and be aware of their experience, the very ability to attend to their emotions and make sense of them may become the focus of treatment. A focus and a goal for another client might be to acknowledge and stand up to his overly hostile critic who produces feelings of inadequacy. For another client with low self-esteem, the focus and goal might be to become more aware of, and more clearly able to express, her feelings and needs. For another dependent client the focus and goal might be to assertively express and resolve her resentment at feeling dominated by her husband. For an anxious client it might be to develop a means of self-soothing and self-support; for another to restructure a deep fear of abandonment and insecurity based on trauma or losses in the past.

As well as the collaborative process of establishing a focus in each session and in the treatment as a whole, the therapist also is constantly making "process diagnoses," or formulations, of what is occurring in the client at the moment, and how best to proceed with productive emotional exploration at this time. Process diagnoses involve attending to different client markers, which helps develop a formulation of the client's difficulties and focus the treatment. These markers include clients' emotional processing style, task markers, markers of clients' characteristic styles of responding and micromarkers of client process. Any formulation is held very tentatively and is constantly checked with the client for relevance and fit, with clients' moment-to-moment processing in the session remaining the ultimate guide. It is important that therapists' frame their interventions in a manner that is relevant to their clients' goals and objectives and that there is agreement about the behaviors and interactions that are contributing to the client's problems. Formulation and intervention are, in the final analysis,