

Scaffolding Case Conceptualization Across the Curriculum

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Do you actively incorporate case conceptualization in your clinical practice?



Outline

- Integrated CC model introduction
- Scaffolding CC model across our curriculum
- Diagnostic Formulation
- Cultural Formulation
- Clinical Formulation
- Treatment Formulation
- Comments & Questions

What is Case Conceptualization?

A method and clinical strategy for **obtaining and organizing information about a client**, **understanding and explaining the client's situation and maladaptive patterns**, **guiding and focusing treatment**, **anticipating challenges and roadblocks**, and **preparing for successful termination** (Sperry, 2010).



Case Conceptualization Functions



FUNCTIONS

- 1. *Obtain & organize* case information**
- 2. *Explain* case dynamics**
- 3. *Guide & focus* treatment**
- 4. *Anticipate TX challenges & obstacles***
- 5. *Achieve outcomes & prepare termination***

Nautical Metaphor

“A clinician without a case conceptualization is like the *captain of a ship without radar, a compass and a rudder...aimlessly floating about with little or no direction.*”



Pin the tail on the donkey



Why Case Conceptualization?

Experience of many counseling trainees:

Q: “I’ve completed my biopsychosocial assessment, now what do I do with all of this information?”

A: ???

CAUTION

**READ
INSTRUCTIONS
BEFORE OPERATING**

Summary Instructions For Writing A Full Case Conceptualization

1. Specify the Presentation & Precipitant & link between them.
2. Specify the client's basic movement & purpose, and a concise Maladaptive Pattern.
3. Specify the Predisposition, i.e., factors which effectively explain the origins of the presentation /pattern including life style convictions, goals of misbehaviors, family constellation, and social interest (theory specific). Then, indicate the Perpetuants
4. Specify a Cultural Formulation which includes Cultural Identity, Acculturation Level & Acculturative Stress, Explanatory Model, whether and if culturally sensitive treatments are indicated.

(Sperry & Sperry, 2012).

Instructions For Writing A Full Case Conceptualization

5. Specify the client's relevant Strengths & Protective Factors.
6. Specify a treatment plan: which includes Treatment Goals: first order (symptom) & second order (*Adaptive pattern*), and the Treatment Interventions
7. Specify Treatment Obstacles & Challenges and facilitators
8. *Review the full case conceptualization statement with regard to its Explanatory Power & Predictive Power*

(Sperry & Sperry, 2012).

Case Conceptualization Formulations

Components of an Effective Case Conceptualization:

a. Diagnostic Formulation

Presenting situation- *"What happened?"*

b. Clinical Formulation

Theoretical explanation of the client's presenting issues, *"Why did it happen?"*

c. Cultural Formulation

Social and cultural factors- *"What role does culture play?"*

d. Treatment Formulation

Blueprint for Intervention planning- *"How can it be changed?"* (Sperry, 2010)



Why teach Case Conceptualization?

- Requisite skill to effective counseling
- CACREP requirement:
 - Section 2; 5g
 - “essential interviewing, counseling, and case conceptualization skills”
 - Section 5; C; 1c
 - "principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning"

Backwards Design: Case conceptualization

Comprehensive Client Case Report

Presenting Problem and Context

Case Conceptualization

Mental Status

Family, Developmental and Social History

Health History and Health Behaviors

Resources and Strengths

Diagnostic Formulation

Clinical Formulation

Cultural Formulation

Treatment Formulation

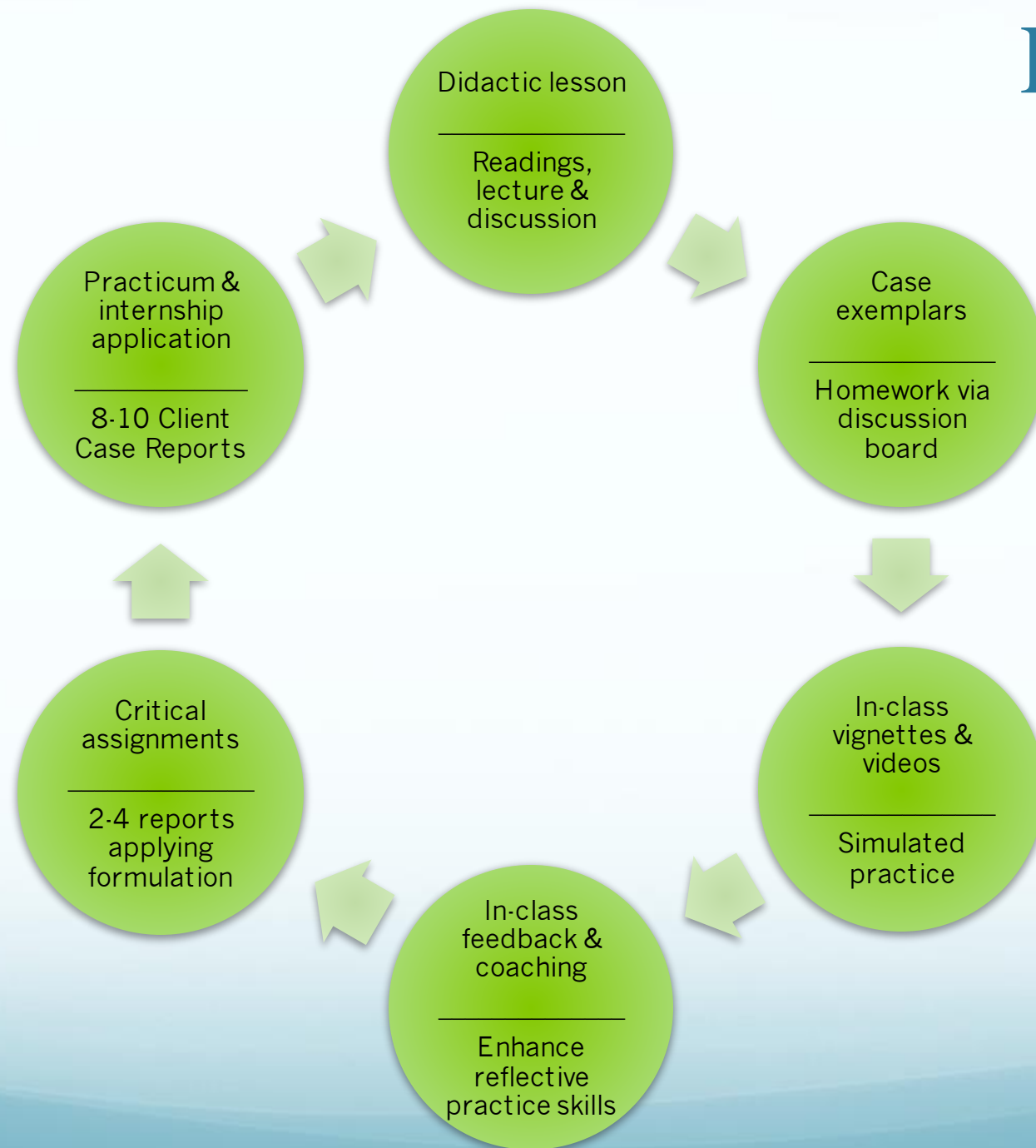
| SEMESTER & Course | Assignment | Case Conceptualization/Case Report Competency |
|----------------------------------|--|--|
| FALL I | | |
| Social & Cultural Foundations | <ul style="list-style-type: none"> Cultural Formulation (4) | Cultural Formulation Culturally-Sensitive Interventions |
| Professional Identity and Issues | <ul style="list-style-type: none"> Introductory Diagnostic Interview | Diagnostic Formulation components Mental Status Exam components |
| Personality Theories | <ul style="list-style-type: none"> Introductory Personality Assignment | Client Pattern: Movement, Purpose, Personality Style |
| SRPING I | | |
| Psychopathology | <ul style="list-style-type: none"> Diagnostic Interview Assignment (4) Diagnostic Formulation Assignment (4) | Diagnostic Formulation |
| Counseling Theories | <ul style="list-style-type: none"> Clinical Formulation (CF & Client Resources section) (4) | Clinical Formulation |
| SUMMER I | | |
| Techniques in Counseling | <ul style="list-style-type: none"> Treatment Formulations P/I Entrance Exam | Treatment Formulation |
| Human Growth & Development | <ul style="list-style-type: none"> Developmental History Formulation | Developmental, Family and Social History |
| Testing & Assessment | <ul style="list-style-type: none"> Biopsychosocial Assessment Counseling Outcome Measurement | Clinical Formulation components |

Scaffolding Case conceptualization skills and competencies: Year 1

| FALL II | | |
|---|--|---|
| Practicum in Counseling | <ul style="list-style-type: none"> Case Reports (3) | Full Case Reports |
| Career Development | <ul style="list-style-type: none"> Career Interview, Assessment & Treatment Plan- Social History | Social History Career specific treatment planning |
| Community Counseling | <ul style="list-style-type: none"> Trauma assignment | Trauma-informed therapy |
| SPRING II | | |
| Internship in Counseling | <ul style="list-style-type: none"> Case Reports (3) | Full Case Reports |
| Diagnosis & Advanced Techniques in Counseling | <ul style="list-style-type: none"> Diagnostic Interviews Evaluation Report (1) Diagnostic Interview (2) Diagnostic Formulations (5) | Enhanced skills: Diagnostic Formulations |
| SUMMER II | | |
| Internship II in Counseling | <ul style="list-style-type: none"> Case Reports (2) Internship Skills Assessment (1) | Full Case Reports |
| Human Sexuality | <ul style="list-style-type: none"> Sexual History & Assessment Interview- Social History | Enhanced skills: Social History |
| Substance Abuse Counseling | <ul style="list-style-type: none"> Motivational Interviewing Assignment | Enhanced skills: Substance-abuse specific treatments |

Enhancing case conceptualization skills and competencies: YEAR 2

Pedagogical Design



Diagnostic formulation

Diagnostic Formulation: Courses & Assignments

- Psychopathology (Year 1, Semester 2)
 - Diagnostic Formulations
 - Five diagnostic formulation assignments
 - Students complete 2 diagnostic interview assignments
- Advanced Diagnosis and Techniques (Year 2, Semester 2)
 - Diagnostic Formulations
 - Five diagnostic formulation assignments
 - Students complete 2 diagnostic interview assignments
- Practicum, Internship and Internship II (Year 2, Semesters 1-3)
 - Case Reports: Diagnostic Formulations and discussion of differential diagnosis
 - 8-10 comprehensive case reports on clients at field work placement sites
 - Emphasizes diagnostic formulation- criteria that are met, discussion of differential dx, and DSM-5 diagnosis and codes

Diagnostic Assignment Guidelines & Exemplar

Assignment Instructions:

Prepare a one-page diagnostic formulation of a given case vignette and provide the DSM-5 diagnosis. Indicate the criteria that is present in the case vignette in terms of the context that is in the vignette. Include a summary statement and indicate the number of criteria that are met. Lastly, list the DSM-5 code and diagnosis with specifiers.

Diagnostic Formulation Exemplar of the Case of Krista

Krista was court ordered for therapy after being charged with a peace disturbance for fighting with her neighbor as well as drug possession. Her hostile, aggressive, irritable behavior and appearance (4) is intimidating and unsettling to those around her. Judging by her extensive criminal record that includes charges of drug possession, theft, and prostitution, Krista struggles to abide by the laws and social norms of her community (1). Additionally, she is unable to maintain employment (6) and has never held a job longer than three weeks. Her father died when she was a child, and her mother was an alcoholic who frequently raged causing Krista to flee the home. Krista displays evidence of Conduct Disorder as an adolescent since she engaged in violent criminal acts such as robbery, shoplifting, drug possession, and animal abuse before age 18. Krista is indifferent to the safety and health of herself and others (5) because she willingly engages in risky behaviors such as needle sharing and unprotected sex. She shows no remorse or guilt in regard to her violent and aggressive criminal behavior. She rationalizes her lack of remorse through her belief that others did not feel guilty for what they did to her in the past (7).

Krista meets five out of the 7 criteria for Antisocial Personality Disorder.

DSM-5 Diagnosis: Antisocial Personality Disorder (301.7)

Clinical formulation

Clinical formulation: Courses & Assignments

- Counseling Theories (Year 1, Semester 2)
 - Clinical Formulations
 - Four theoretical orientations applied to same case (video format)
 - Conceptualize the influence of four theoretical perspectives that explain predisposing factors to the client's presenting issue
 - Propose theoretically consistent interventions to treat 1) symptom and 2) interpersonal pattern issues
- Practicum, Internship and Internship II (Year 2, Semesters 1-3)
 - Case Reports: Clinical Formulations to determine treatment
 - 8-10 comprehensive case reports on clients at field work placement sites
 - Discuss presentation, precipitating event(s) and personality style in "snap shot" of case
 - Consistently summarize elements of presentation, precipitating event(s,) predisposition, pattern & perpetuants to match diagnostic formulation, developmental history, client resources, etc.

| Clinical Formulation Assignment #4 | Solution-Focused Approach |
|-------------------------------------|---|
| Presentation | Anger, violent outbursts, paranoid ideation, verbally threatens others, impulsive, apathetic, lack of remorse or guilt, paranoid personality disorder & antisocial personality disorder |
| Precipitant | Prone to aggressive and violent outbursts upon being humiliated or criticized (ongoing), this led to multiple charges of murder and consequent incarceration (situational) |
| Pattern | <i>Maladaptive:</i> Ambivalent <i>Away:</i> Disconnects when feeling unsafe, withdraws to protect himself/keep himself from caring <i>Against:</i> Strikes back to prevent himself from being humiliated/criticized |
| Predisposition | <i>Biological:</i> Family history of alcohol abuse, cycle of violence within family system (stress triggers long-term changes in brain structure & function) <i>Psychological:</i> killed people who embarrassed/challenged him, issues resolving conflict, turned to avoidant behaviors violence; <i>Exceptions:</i> genuine interactions with family, spares wife's life during fits of rage, kind/loving towards his kids; <i>Strengths:</i> positive coping strategies, adaptive, sense of humor, understanding of self & violent behaviors, and views self as intelligent/capable <i>Social:</i> Avoids critical people, few supportive figures, social isolation; Emotionally unavailable, discerning, & easily humiliated by peers |
| Perpetuants | Social isolation, performs hitman job well (makes a living doing it), limited capacity for emotional regulation, enabled by wife, & his self-justification for violent outbursts |
| Protective factors/strengths | Internal: Loves children, supported by wife, positive self-image ("I want them to see my pretty face"), fearless, intelligent, confident, persistent, willing to learn, & insightful (able to process his own negative feelings) External: |
| Plan | <i>1st order goals:</i> Increase anger management, build on strengths, reduce anger, violent outbursts, murders & paranoia <i>Interventions:</i> Find exceptions/implement solutions, distraction techniques, scaling questions, complimenting/encouraging <i>2nd order goals:</i> Address/shift cyclic maladaptive pattern to move towards people/relationships to connect safely with others & encourage corrective emotional, interpersonal experiences (correctly perceive others as being safe instead of threatening or critical) <i>Interventions:</i> virtual rehearsal, coaching, & unique outcomes |

Sample: student work

Cultural formulation

Cultural formulation: Courses & Assignments

- Social & Cultural Foundations (Year 1, Semester 1)
 - Cultural Formulations
 - Four separate client presentations (video and written formats)
 - Conceptualize the influence of cultural factors on the client's presenting issue and create 2 empirically supported treatment recommendations
- Counseling Techniques (Year 1, Semester 3)
 - Treatment Formulations
 - Integration of cultural formulation & culturally sensitive treatment recommendations into treatment planning 4 assignments & 1 demonstration
- Practicum, Internship and Internship II (Year 2, Semesters 1-3)
 - Case Reports: Cultural Formulation with obstacles
 - 8-10 comprehensive case reports on clients at field work placement sites
 - Concisely summarize 4 elements of cultural identity, acculturative stress, client's explanatory model and influence of culture vs. personality

Sample: Assignment Guidelines & Exemplar

1. Introduction- Brief explain of cultural formulation and introduction to paper.
2. Elements of a Cultural Formulation (based up Sperry & Sperry, 2012 model)
 - a. Cultural identity—Client’s sense of belonging to a particular group or groups.
 - b. Acculturation and acculturative stress—Level of adaptation to dominant culture and stress from acculturation which will include psychosocial difficulties.
 - c. Cultural explanation/explanatory model –What are the person’s beliefs regarding the cause of their issues, condition or impairment?
 - d. Culture vs. personality—Identify the extent of the impact of cultural dynamics and/or personality dynamics on the presenting issues in the case.
3. Culturally sensitive treatment: List two interventions would you implement with this client that would demonstrate cultural sensitivity and competence?
4. Conclusion/Summary

Sample of Cultural Formulation from Sperry & Sperry:

Geri identifies herself as a middle class African American but has little interest and no involvement with the African American community (***cultural identity***). She is highly acculturated, as are her parents, and there is no obvious acculturative stress (***culture-acculturation***). She believes that her depression is the result of stress at work and a “chemical imbalance” in her brain (***cultural explanation***). There are no obvious cultural factors that are operative. Instead, it appears that Geri’s personality dynamics are significantly operative in her current clinical presentation (***culture v. personality***).

For the purposes of this assignment, you will explain these factors in greater depth, creating at least 1 paragraph per element (a-d). Please use headings to identify each section and subsection of the paper.

Treatment formulation



Assessment.....Treatment

Courses & Assignments

- Counseling Techniques (Year 1, Semester 3)
 - Treatment Formulations
 - Five case conceptualizations that emphasize the full TF
 - Propose theoretically consistent treatment formulation elements
 - Students demonstrate a counseling technique based on their treatment formulation
- Practicum, Internship and Internship II (Year 2, Semesters 1-3)
 - Case Reports: Treatment Formulations to determine treatment
 - 8-10 comprehensive case reports on clients at field work placement sites
 - Consistently summarize elements of treatment pattern, goals, focus, strategies & interventions, obstacles, cultural tx, and prognosis

Treatment Formulation Assignment Guidelines

Assignment guidelines

Write a **treatment formulation** based on the provided case vignette. You will write a treatment formulation and also demonstrate **one counseling technique** from that treatment formulation. Include the following elements in the treatment formulation:

Treatment pattern

Goals (first and second order goals)

Focus

Strategies & interventions

Obstacles

Cultural treatment

Prognosis

| Treatment Formulation Elements | Case Exemplar |
|--------------------------------|---|
| Treatment pattern | Connects while feeling safer |
| Treatment goals | reduce maladaptive beliefs and behaviors; develop more adaptive beliefs and behaviors |
| Treatment focus | troublesome situations triggered or exacerbated by maladaptive beliefs and/or behaviors |
| Treatment strategy | identify and modify specific maladaptive beliefs and behaviors; cognitive restructuring; replacement; exposure; skill training/psychoeducation; medication |
| Treatment Interventions | Socratic questioning; examining the evidence; cognitive restructuring, self-monitoring and Automatic Thought Record; cognitive and behavioral replacement; thought stopping; behavioral activation; exposure; skills training |
| Treatment obstacles | "test" practitioners; likely to resist group therapy; over dependence on practitioners; difficulty with termination |
| Treatment-cultural | gender may be an issue so assign supportive female practitioners |
| Treatment prognosis | good, if increased social connections, skills, and returns to work |

Treatment Formulation Assignment Exemplar

| Presenting issue/symptom | Goal (First and second order) | Intervention(s) and rationale |
|--------------------------------------|--|---|
| Contemplation stage of change | Increase motivation to engage in therapy (first order) | Motivational interviewing will be incorporated into the beginning of treatment to facilitate her commitment to therapy (readiness to change scaling question, decisional balance, and OARS). |
| Depressed mood | Reduce depressed mood (first order) | Behavioral activation will be used in conjunction with medication; Her maladaptive beliefs will be processed with guided discovery, self-monitor thoughts, challenge distorted thoughts with the Automatic Thought Record |
| Not going to work | Return to work (first order) | Contact human resources department at her employer to assist client in being considered for ADA accommodations |
| Social isolation | Improve social and friendship skills (first order) | Role play and graded exposures regarding social situations; Referral for social skills and friendship skills group; individual therapy will be useful in transitioning her to such groups. |
| Avoidant personality disorder traits | Reduce avoidant personality style (second order) | CBASP, process transference enactments, predictive interpretation, cognitive restructuring to modify avoidant schemas |

Questions & Comments



References

Sperry, L., & Sperry, J. (2012). *Case conceptualization: Mastering this competency with ease and confidence*. New York: Routledge.

Sperry, L. (2010). *Highly effective therapy: Developing essential clinical competencies in counseling and psychology*. New York: Routledge.

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