

Infusing Case Conceptualization and Treatment Planning into the Counseling Practicum and Internship Learning Experience

Dr. Jon Sperry, Lynn University
Dr. Ali Cunningham Abbott, Lynn University
Dr. Debra L. Ainbinder, Lynn University



Learning Objectives

- **Learning Objective 1:** Learn a **model** for **infusing** case conceptualization and treatment planning in practicum and internship courses (Sperry & Sperry, 2012) .
- **Learning Objective 2:** Learn **teaching strategies** for incorporating case conceptualization to improve counseling performance and confidence in practicum and internship students.
- **Learning Objective 3:** Learn about sample **assignments, case reports, and evaluation tools** to optimize learning in practicum and internship courses.



- Counselor educators
- Supervisors
- Practicing counselors



Do you incorporate case conceptualization in your Practicum and Internship Courses?



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).



Nautical Metaphor

“A *clinician without a case conceptualization model* is like the *captain of a ship without a rudder...aimlessly floating about with little or no direction*” (Meichenbaum, 2014, p. 2).



When CC's are not routinely used in practice--

- Considered unimportant to many clinicians (Groenieret al., 2008)
- Not found in intake files (Abbas, Walton, Johnston, & Chikoore, 2012)
- No hypothesis, only summary (Eells, Kendjelic, Lucas, 1998)
- Not taught in training programs (Kendjelic & Eells, 2007)

Research: Active use of case conceptualizations results in--

- Improved ***clinical outcomes*** (Silberschatz, Fretter, & Curtis, 1986)
- Strengthened ***therapeutic alliances*** (Crits-Christoph, Barber, & Kutcias, 1993)
- Increased ***therapist performance*** (Moran, 1986)
- Increased ***client perceptions of clinician's effectiveness*** (Morran, Kurpius, Brack, & Rozecki, 1994)
- Increased ***accuracy of clinician interpretations*** (Crits-Christoph, Cooper, & Luborsky, 1988)
- better decisions about ***when to deviate from standard treatment protocol*** (Wampold & Imel, 2015)
- Enhanced treatment with ***complex & difficult cases*** (Persons, 1992)
- ***Maintained treatment gains*** after termination (Jacobson, et al, 1989)

Why Incorporate Case Conceptualization in Your P/I courses?

- Requisite & most important 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"

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

Sample Supervision Strategies & Tools

Recommended Practices

Assignment: Personal Plan for Practicum/Internship

- Current rating of 20 counseling competencies on a developmental scale (1=novice, 10=master) (Sperry, 2010, p. 8)
- Identify 2 competencies to incorporate into deliberate practice
 - Podcast episode "How to Be Good at Just About Anything"

Create plan for deliberate practice to improve in two competencies over the semester with short (daily) and longer (monthly) term goals

Self-monitor deliberate practice short- and long-term goals

- Tools for tracking need to be identified, charts and apps
- "WOOP" (Science of Motivation book), "Happy Frog" (Self monitor: Habit Changer) & "Done: A Simple Habit Tracker"

Focusing on Case Conceptualization in 13/20 Competencies

- I. Conceptual Foundation
 - 1. Applying a conceptual (theoretical) map to understand and direct the therapeutic process (*clinical & treatment formulation*)
- II. Intervention Planning
 - 7. Perform an integrative diagnostic assessment (*diagnostic formulation*)
 - 8. Specify a DSM diagnosis (*diagnostic formulation*)
 - 9. Develop integrative case conceptualization (*all 4*)
 - 10. Specify a cultural formulation (*cultural formulation*)
 - 11. Plan treatment interventions and predict obstacles (*treatment formulation*)
- IV. Intervention Implementation
 - 13. Establish a treatment focus (*treatment formulation*)
 - 14. Maintain the treatment focus (*treatment formulation*)
 - 15. Modify maladaptive cognitions, behaviors, affects and interpersonal relations (*treatment formulation*)
 - 16. Plan and implement culturally sensitive interventions (*cultural formulation*)
 - 17. Recognize and resolve treatment interfering factors (*treatment formulation*)
- V. Intervention Evaluation
 - 18. Monitor progress and modify treatment (*treatment formulation*)
 - 19. Evaluate progress and prepare clients for termination (*treatment formulation*)

Cultural Formulation in Case Reports & Presentations

Concisely summarize 4 elements:

- Cultural identity (at least 3)
 - Gender, age, SES, sexual orientation, religious/spirituality
- Acculturative stress
 - Does culture play a role in contributing to their presenting issues in treatment and should culturally sensitive treatments be recommended?
- Client's explanatory model
 - How does the client view or explain their presenting problem? Are there any cultural influences here?
- Influence of culture vs. Personality
 - What percentage of the client's issues are influenced by their personality style and their culture? 40/60?

Influence of Cultural Formulation in Treatment Planning

Incorporating culturally sensitive treatment recommendations are indicated when...

- All cases?
- Only those in which culture is identified as important by the client?

Examples of supervisee strengths and challenges:

1. Substance use treatment
2. Clients with history of gender-based discrimination or trauma
3. Clients diagnosed with disabilities, health issues or medical conditions



Vaka Kavramsallaştırma

Kolay ve güvenli bir şekilde
kavramsallaştırmada uzmanlaşma

Len Sperry
Jonathan Sperry

Çeviri Editörleri:
Şerife Işık
Bengü Ergüner Tekinalp

Çevirenler:
M.Berkay Özünlü • Nazife Üzbe Atalay • Ümre Kaynak
Sare Terzi • Semih Kaynak • Elvan Yıldız Akyol

PEGEM
AKADEMİ

CCPS

Case Conceptualization

Mastering this Competency with
Ease and Confidence

LEN SPERRY AND
JONATHAN SPERRY

ROUTLEDGE

상담 실무자를 위한

사례개념화 이해와 실제

Case Conceptualization:
Mastering this Competency with Ease and Confidence

Len Sperry • Jonathan Sperry 공저 | 이명우 역

학지사

Strategies in Supervision

- Individual Supervision
- Feedback specific to Case Conceptualization (APA, 2014; Liese & Esterline, 2015)
 - Specific Student Challenges
 - Integrated feedback
- Peer/Group Supervision Case Conceptualization Worksheet
- Case Conceptualization Supervision Journal Assignments

Case Conceptualization Activities in Supervision

- Sharing a Supervisor's Case Conceptualization on a challenging case and having the students conceptualize the case themselves –Act as Supervisors
- During Group Supervision students complete a CC worksheet as cases are presented with group supervision focused on CC
- Provide specific CC feedback on a case report and assign a journal entry focused on how they incorporated that feedback and how this informed their CC skills
- CC questions generated from a student's case report presentation are assigned for a journal entry

Case Conceptualization Activities in Supervision:

Specific CC Journal Entries from Sperry & Sperry (2012) model

- What is your personality style? How can this be both an asset and a challenge as a counselor-in-training.
- Which personality styles are the most challenging for you to work with? Which do you prefer?
- Our personal preferences and personality style can influence the theoretical model(s) we chose to work from. How does your personality style influence the theoretical model or approach you've chosen to apply in formulating treatment with your clients?
- Thinking of a positive behavior you engage in regularly (ex: exercising, completing assignments early, etc), explain that behavior and what you would identify as the perpetuants for you related to the identified behavior.

Internship Skills Assessment – Demonstration of Core Competencies

Purpose: objective evaluation of a professional *competency* with a *live (standardized) client* in 2 statutory functions required for *LMHCs licensure* in the state of Florida:

- (1) perform *diagnostic evaluation*
- (2) provide *therapeutic counseling/treatment*

Requirement: *PASS Exit Exam* after first Practicum & second Internship semester *to graduate* program's target goals: **(1) competence (2) caring (3) cultural & ethical sensitivity (4) confidence**

30 minute exam: *rubric-evaluated*

- 15 min.-- complete an accurate diagnostic evaluation interview → brief case conceptualization
- 15 min.-- engage client in an effective therapeutic intervention → effect change

Questions & Comments



Contact Information:

Contact Information

- Dr. Jon Sperry
- Dr. Ali Cunningham
- Dr. Debra L. Ainbinder

JSperry@lynn.edu

ATCunningham@lynn.edu

DAinbinder@lynn.edu

