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Using the Five Ps: Conceptualizing COVID-19–Related Mental Health Concerns

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Abstract

The COVID-19 pandemic has resulted in rising mental health concerns. As individuals experience loneliness, anxiety, and depression related to the pandemic, counselors-in-training navigate their treatment of clients while also living through the pandemic and its polarization. The authors present the Five Ps, a case conceptualization model that supervisors can use to help beginning counselors consider the history and context of the presenting concerns of clients, in addition to utilizing clients' strengths in treatment. The authors provide a case illustration using the Five Ps in a supervision setting and discuss implications for supervision and future research.

Significance to the Public

Counselors-in-training learn case conceptualization skills in their counseling training programs. The Five Ps can be used by counselor educators to enhance their case conceptualization skills to better inform client treatment.

Keywords: case conceptualization, loneliness, pandemic, supervision

Case conceptualization is the process of gaining information about the client's presenting concerns, and then organizing this information, along with the client's history and contextual information, into major themes that can then be addressed through a congruent treatment plan (Schwitzer & Rubin, 2015). Case conceptualization is a critical counseling skill and is a required component of most counseling training programs, including programs accredited by the Counsel for Accreditation of Counseling and Related Programs (CACREP, 2016). Counselor educators, including practicum and internship instructors, are charged with teaching case conceptualization. There are a variety of case conceptualization models, including those within a specific theoretical orientation, while others may be atheoretical. The Five Ps (Stoltenberg & McNeill, 2010) is a case conceptualization model that is a systematic approach to addressing the

needs of clients. As society continues to grapple with the COVID-19 pandemic, its aftereffects, and the concomitant mental health concerns, we believe the Five Ps model is particularly relevant to the development of the next generation of counselors. This article will discuss how the Five Ps model can be used to assist counselors in training (CITs) in addressing mental health concerns that may present due to the pandemic.

The COVID-19 pandemic has impacted individuals in multiple ways, including stay-at-home orders, disruption, and loss of work (Falk et al., 2021; Mervosh et al., 2020). As the pandemic continues, researchers are studying both the effects of the virus and isolation on mental health (Ammar et al., 2021; Bojdani et al., 2020; Bridgland et al., 2021; Tull et al., 2020). Although the full extent of the mental health impact of COVID-19 will not be known immediately, researchers have discovered

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that some individuals experienced posttraumatic stress disorder symptoms due to COVID-19-related events, whether or not they had contracted COVID-19 (Bridgland et al., 2021). While COVID-19 infection rates rise and fall in waves, public health experts have predicted that mental health concerns will remain long after physical health concerns dissipate (Kousoulis et al., 2020). As there are a variety of mental health concerns that have arisen due to COVID-19-related events, we focused in this article on mental health concerns that have arisen because of isolation and loneliness due to the levels of isolation that individuals have experienced in both personal and professional settings. Researchers have found that isolation, regardless of subjective experience, is correlated with higher mortality rates and depression (Cacioppo, 2008; Holt-Lundstad et al., 2015). Because of the challenges individuals may experience due to isolation and loneliness, individuals may seek counseling services. Mental health providers have cited a rise in demand for mental health services since the start of the pandemic (American Psychological Association, 2020; Holland et al., 2021). Counseling during the pandemic presents unique challenges for CITs who are navigating their new identities as counselors.

Counselors-in-Training

Counselors are not insulated from the realities of living through the COVID-19 pandemic. CITs beginning practicum and internship courses during the pandemic have unique experiences of potentially not experiencing a pre-COVID-19 counseling environment or experiencing counseling in-person if strictly using telehealth counseling methods. CITs also may be balancing work, family, coursework, and other responsibilities while finding additional availability for their clinical experience. Additionally, CITs may be tasked with finding a site that matches the standards of their own personal COVID-19-related concerns. CITs may be entering their clinical experiences already burned out; for example, in a study of employed individuals across a range of professions, 52% of participants reported feeling burned out and 67% reported that burnout

has increased in severity during the pandemic (Threlkeld, 2021). Researchers found that counselors specifically were more likely to experience burnout if they had more perceived stress during the pandemic (Litam et al., 2021).

CITs are managing responsibilities of life and school during a pandemic while also navigating their development as emerging counselors, which could add additional stress and anxiety while completing clinical experiences (Gay & Swank, 2021). Although scholars have promoted ways that counselor educators can infuse wellness and reflexive activities into curricula during the pandemic (Christian et al., 2021; Harrichand et al., 2021), concern remains about how this stress may impact CITs' clinical skills, academic achievement, counseling competence, and broader therapy outcomes (Delgadillo et al., 2018; Madigan & Curran, 2021). This situation is relevant for supervisors, as a recent study found 53% of pre-licensed counselors indicated that they have completely withheld a concern from their supervisor (Cook et al., 2020). Additionally, CITs of color may experience additional stress due to the racial and ethnic disparities revealed by COVID-19 (Litam & Hipolito-Delgado, 2021). Considering the polarization of the pandemic and burnout that CITs may be experiencing, biases and beliefs about the pandemic may impact CITs' perceptions of clients' COVID-19 related mental health concerns and their ability to conceptualize their clients' concerns. CITs must avoid harming clients and imposing their beliefs in the counseling relationship (American Counseling Association [ACA], 2014, Section A.4.), and therefore must manage biases.

CITs tend to be focused on evaluation and are less inclined to be self-reflective or self-aware (Stoltenberg & McNeill, 2010). As CITs navigate the pandemic, its politicization, and their clinical experiences, they may not be aware of the impact of their biases on the counseling process and relationship. As beginning counselors learn case conceptualization, they may over- or under-pathologize their clients' symptoms (Stoltenberg & McNeill, 2010), including pandemic-related thoughts and behaviors. Supervisors are tasked with

helping CITs become aware of potential biases and countertransference issues so that CITs can effectively conceptualize clients' concerns and develop appropriate treatment plans. Case conceptualization can be difficult to master, as CITs must organize the clients' web of relationships and extensive background information. This difficulty can be compounded without a solid foundation in counseling theory.

In a study of 110 clinical psychology students, Shulman (2018) found that the students' unique supervisor was the only predictor of the quality of case conceptualizations, even when accounting for GRE scores, time in training, and previous clinical experience. This highlights the importance of the role of supervisors in CITs' development. Supervisors are charged with monitoring CITs' counseling performance and monitoring the welfare of clients (ACA, 2014, Section F.1.a.). Given the challenges of providing mental health services in a pandemic and all its implications, CITs may benefit from a case conceptualization approach that helps organize information and promote quality care (Macneil et al., 2012). Reviewing the client's background and experiences in a systematic way may help the counselor consider underlying reasons for the client's thoughts, feelings, and behaviors. Intentionally seeking to understand the context of the client's situation may promote empathy and reduce bias.

Case Conceptualization Models

Counselor educators and supervisors may turn to counseling publications to learn how they can better use case conceptualization models with CITs. However, in an informal review of ACA division journals, our review revealed only one research article on case conceptualization (Welfare et al., 2013), which indicated that counselors who were able to list more client strengths felt more effective in their counseling work. We found only four journal articles focusing on the application of case conceptualization models in the last 10 years (Givens & Numbers, 2016; Heird & Steinfeldt,

2013; West & Maffini, 2019; Wilkinson, 2015), which presented a variety of case conceptualization approaches.

Givens and Numbers (2016) presented the use of Hegel's dialectic of desire and recognition as a model for humanistic counseling practice and case conceptualization. Heird and Steinfeldt (2013) provided an interpersonal psychotherapy case conceptualization approach for use with student athletes. West and Maffini (2019) developed a case conceptualization approach that integrates cognitive behavioral theory and bicultural models for use with bicultural and biracial college students. Wilkinson (2015) integrated the constructs of cognitive processing, attachment, empathy, and introspection to create a dual-process theory case conceptualization framework for use in humanistic counseling.

Although these case conceptualization approaches are helpful to the targeted populations and theoretical orientations of the counselor, these approaches are not applicable to the general population and are limited to specific counseling theories. For CITs learning foundational case conceptualizing skills, these approaches may be too advanced and too targeted for their developmental needs. This presents an issue for counselor training programs in trying to promote CITs personal and professional development during a pandemic (Gay & Swank, 2021). While there are many tools that supervisors may use to assist in CITs' case conceptualization skill development, the authors present a conceptualization model that allows CITs to consider all facets of the client's life that may contribute to or abate presenting concerns. The Five Ps approach is a practical and atheoretical way to help focus and organize client information.

The Five Ps

Building upon the initial work of Weerasekera (1993), Macneil et al. (2012) developed the Five Ps to assist psychiatrists in case formulation. The Five Ps include presenting problem(s), predisposing factors, precipitating factors, perpetuating factors,

and protective factors. The presenting problem is the concern that the client wishes to address in counseling. This should be targeted beyond the client's mental health diagnosis and should be as specific as possible (Macneil et al., 2012). Predisposing factors are the biological contributors, genetic vulnerabilities, environmental factors, and personality factors that may contribute to the client's presenting concern, such as brain injury, trauma history, and core beliefs (Macneil et al., 2012). Precipitating factors are any events that occurred prior to the presenting concern, such as any relationship issues, legal issues, medical diagnoses, and financial issues (Macneil et al., 2012). Perpetuating factors include the factors that maintain the presenting concern, such as substance use, avoidance behaviors, insomnia, and cognitive patterns (Macneil et al., 2012). Protective/positive factors are the factors that can help alleviate the presenting concern, such as interests and cultural or personal characteristics, which could include familial support and humor (Macneil et al., 2012).

The Five Ps is an idiographic approach that aims to understand the unique experience of the client. Therefore, it can be used in combination with any theoretical approach to counseling. The use of the Five Ps also encourages a holistic approach, as it seeks to not only understand just the presenting concerns, but also the environment and relationships that may contribute to or relieve symptoms. This approach assists in identifying and highlighting client assets.

The Five Ps approach affords CITs a systematic manner in which to address clients' presenting concerns. This may be especially valuable to CITs who have not yet engaged with clients through supervised clinical experiences and may still be developing the cognitive complexity that is required for thorough case conceptualization (Welfare et al., 2022). It also allows for early career CITs to integrate numerous pieces of data into a coherent clinical formulation (John & Segal, 2015). Formulating cases using the Five Ps serves multiple functions that can benefit CITs. The Five Ps examines the etiological factors that impact the presenting issue(s). The Five Ps may also guide

intervention strategies and the order in which they are implemented. The Five Ps promote anticipating potential challenges, which can help CITs think proactively in treatment planning. In the following section, we offer a fictionalized case example with CIT Megan, her client Antonio, and her clinical supervisor Dr. Reyes. We use this case to describe how a supervisor can use the Five Ps with a CIT to promote empathy and build case conceptualization skills.

Case Formulation

Megan (she/her) is a 24-year-old White cisgender woman and CIT in a clinical mental health counseling internship course. Megan has not been concerned about becoming infected with COVID-19 as she considers her age and general good health to be protective factors. She lives with her boyfriend, and they have not changed much of their lifestyle since the pandemic began. Megan visits her parents, who live in another state, about once a year for Christmas and New Year celebrations. Although she wishes she had more contact with them at times, she is overall content with the frequency of their visits. Megan has one sibling who she sees during the Christmas holiday and occasionally when they meet to travel together.

Megan is completing her counseling internship via telehealth services at a community agency that advertised counseling services for COVID-related stress. Megan completed her practicum experience via telehealth during the pandemic and was disappointed to not have an in-person experience. She is motivated to do well and is eager to help her clients with their presenting concerns.

Client Background

Megan's new client, Antonio (him/his), is a 35-year-old Mexican American cisgender male who has been employed as a software developer for two years in California. After the end of a four-year long romantic relationship, he moved to California to further his career in the technology industry. Prior

to moving, he lived in Arizona in the same city as his parents and three siblings. Antonio currently lives by himself and enjoys working out, hiking, and surfing. He reports having friends through work, although he does not consider them to be close relationships. He has visited his family in Arizona four times since moving.

Antonio was preparing to visit his family again when news of the pandemic began to increase. In the first week of March 2020, Antonio's employer asked his team to begin working from home due to COVID-19 concerns. Week by week, Antonio's worry and frustration grew as his county began to close the places he enjoyed going to: the gym, the beach, and the parks. He watched the news all day long as he worked from home, and he canceled his upcoming trip to see his family because he did not want to risk infecting his at-risk, older parents. After a month of isolation, Antonio noticed he had difficulty falling asleep. He would video call his parents nightly to check on them. After two months, he stopped initiating video calls to his parents because he did not want to annoy them. He avoided calling his siblings because he knew they were busy managing working from home while helping their children with online learning. He began to feel emotionally disconnected from his family.

Antonio began to use edible cannabis he had previously bought to assist with his feelings of disconnection and sleep issues, but he found that it did not provide the same relief as it did in the past. As time passed, he found himself feeling lethargic and unable to concentrate on work while the COVID-19 infection rate began to rise in his family's area. Even when the infection rate and hospitalizations began to decrease, he was still unable to concentrate. He became concerned about his mental and physical health and started to wonder if he should venture outside his home. He thought it might be good for him, but decided against it each time after becoming so mentally exhausted from weighing the risk levels and possible outcomes of going to the store or meeting a coworker outside for drinks.

A year passed, and Antonio had only left his house for curbside pickups, even after gyms, parks,

and beaches reopened. Just when he debated going to visit his family again after being vaccinated, COVID-19 cases began to rise with the new delta variant. He called his mother and told her that he had a case of "the pandemic blues." She suggested trying telehealth counseling services after hearing about services available on the news. In his telehealth counseling intake sessions, he stated, "I feel alone and like no one even remembers me." He reported that he has no energy to work out at home, finds himself overeating, and then feeling bad about himself for not maintaining his physical health like he did prior to the pandemic. Antonio denies having any thoughts of suicide.

Counseling Supervision

Megan brings up Antonio during a group supervision session with her university supervisor. Megan believes the answer is clear: If he misses his family, then he should visit them. She discusses how Antonio is missing out on living his life, and shares that caring for his mental health should be just as important as taking care of his physical health. Megan's university supervisor, Dr. Reyes (she/her), recognizes that Megan's frustration and uncertainty about how to help Antonio may stem from unexplored values differences. Dr. Reyes believes that Megan and the other supervisees could benefit from conceptualizing the case together and uses the Five Ps to guide this discussion.

Presenting Problem

The presenting problem is what the client sees as most pressing and distressing. Dr. Reyes asks Megan to describe how Antonio's life has been affected. Megan describes Antonio's feelings of disconnection and depression. Macneil et al. (2012) calls for the presenting problem to be specified as much as possible to make focused treatment plans. Dr. Reyes asks Megan to be more specific and describe how Antonio is experiencing the disconnection and depression. Megan reports that Antonio experiences trouble concentrating, fatigue, feelings of guilt, insomnia, overeating, and loss of interest in activities he once found enjoyable.

She asks the group how Megan could validate and normalize Antonio's concerns in session. Another supervisee discusses the prevalence of depression, both prepandemic and its rise during the pandemic, and how that information might validate Antonio's experience. Megan is encouraged to allow the client to express his worries without judgment and to stay present with him while he describes his experience. Megan adds that her reflecting skills can help convey empathy to Antonio.

Predisposing Factors

Predisposing factors are the aspects that may put the client at risk for developing mental health issues (Macneil et al., 2012). Dr. Reyes asks Megan to consider any predisposing factors that may have put Antonio at risk for depression and disconnection (Macneil et al., 2012). Megan discusses how Antonio remembers his mother being periodically depressed when he was a child. His family had never used the term "depression," so he was unfamiliar with the exact symptoms and did not know what to make of it when he experienced depressive symptoms. Dr. Reyes asks the group to consider how cultural factors may be impacting Antonio's beliefs about mental health and mental health treatment. Another student describes mental health stigma in Hispanic/Latin culture and how that may be impacting Antonio's presenting concerns and understanding of predisposing factors. Megan then describes Antonio's long history of cannabis use and how he reports he uses it to numb feelings of depression, anxiety, and stress. She describes how they explored that, while the cannabis can relieve Antonio's symptoms temporarily, the underlying issues always remain. Dr. Reyes prompts the group to discuss the link between anxiety and depression. Megan thinks about how it might be helpful for Antonio to make this connection to make better sense of his experiences.

Precipitating Factors

Precipitating factors are the significant occurrences that preceded or triggered the presenting problem (Macneil et al., 2012). Megan tells how Antonio's recent move to a different state and the emergence of the pandemic caused him to experience isolation, resulting in feelings of disconnection from his family and himself. Megan expresses frustration as she knows the extensive impact social isolation can have on mental health. Dr. Reyes initiates a conversation about bias and countertransference. She reminds the group that it is normal to have reactions to clients and it is important to discuss any reactions to avoid negatively impacting the counseling relationship. She invites Megan to share her reactions to the client openly. Megan shares how she thinks the client is damaging his mental health by trying to protect his physical health. Dr. Reyes thanks Megan for her vulnerability in sharing honestly and asks the group for their reactions to Megan's client. The group shares mixed reactions, with some students agreeing with Megan and a couple students resonating with Antonio's feelings. Dr. Reyes then asks the group to consider how Megan's reactions could be impacting her work with Antonio. Megan shares that she may be missing key factors that could help Antonio if she is focused on her frustrations. Dr. Reyes then asks the group to name ways they can all manage their own personal reactions to client experiences. Megan states that she needs to find a way to avoid imposing her beliefs onto the client. Dr. Reyes shares that this process is called ethical or value bracketing (Kocet & Herlihy, 2014) and reiterates the concept to the group. They discuss how they need to consult, discuss in supervision, and engage in self-care and self-reflection. Dr. Reyes reinforces this and adds that by doing so they can also mitigate burnout and vicarious traumatization concerns (Litam et al., 2021).

Perpetuating Factors

Perpetuating factors are the behaviors, thoughts, and other patterns that allow the presenting concern to continue (Macneil et al., 2012). Antonio reported constantly worrying about his family and himself

becoming infected with COVID-19 and becoming severely ill. When he becomes fixated on these thoughts, his mind begins to race and he has difficulty concentrating on his work. Antonio ceased all physical activity when the pandemic began. Megan wonders if it may be helpful to explore the link between physical and mental health in future sessions. Megan shares how Antonio reported that he turns the news on when he starts work and leaves it on until he goes to bed. He said that it helps him feel more in control when he has information, but also stated that it has not helped his anxiety. Dr. Reyes informs the group that increased media consumption of COVID-19 coverage is associated with psychological distress (Losada-Baltar et al., 2021). Megan agrees that Antonio's media consumption may be something to discuss in session. Dr. Reyes encourages everyone to evaluate if they need a "media diet" as a component of self-care, as recommended by Litam et al. (2021).

A supervisee asks Megan about Antonio's sleep hygiene. She says that he has a hard time falling asleep, so he is constantly tired. Megan explores how this probably exacerbates his lethargy, which impacts his desire to work out or be active, which deprives him of the benefits of physical activity, such as reduced stress and better sleep. Megan acknowledges how these factors create a negative cycle that perpetuates Antonio's presenting concerns. Dr. Reyes encourages Megan and the group to continue monitoring behavioral, biological, and cognitive patterns that may perpetuate the client's concerns, as conceptualizations are an ongoing process (Macneil et al., 2012). Dr. Reyes then asks the group to consider how their own counseling theory might apply to Antonio's perpetuating factors. Megan is practicing using cognitive behavioral therapy and shares that she believes Antonio exhibits all-or-nothing thinking, as he believes he must either isolate completely or will engage in family gatherings and social activities with no safety measures. Dr. Reyes prompts the class to share potential interventions for all-or-nothing thinking, and a supervisee mentions the process of generating alternatives as a component of cognitive restructuring. Megan agrees that could be

helpful for Antonio and considers it for his treatment.

Protective Factors

Protective factors are the strengths that can alleviate the client's presenting concerns (Macneil et al., 2012). Dr. Reyes asks Megan to describe Antonio's strengths. Megan admits she hasn't given much thought to protective factors. A supervisee points out that Antonio has incredible self-discipline and determination to stay at home, even when he experiences negative symptoms. Megan wonders how they might use Antonio's determination to help him in his treatment. Another classmate shares that Megan can use the skill of giving feedback to share that she has noticed his determination, as he may not notice this about himself.

Another classmate voices how important Antonio's family is to him. They encourage Megan to ask Antonio about his family and culture to see if it can be an asset he can draw upon in treatment. Megan remembers that when Antonio feels like a bother and does not call his family, they always reach out within a day, call him, and ask where he has been and how he is doing. She makes the intent to give him this feedback and see how he responds. His response can then determine if his thinking can be restructured. Antonio also discussed his faith in the intake assessment and said he finds comfort in praying when he remembered to do so. Dr. Reyes asks Megan to consider how his faith could be used in the context of cognitive behavioral therapy. Megan shares that when using cognitive restructuring, she could have him use his religious beliefs to help in cognitive restructuring. She intends to ask him to replace cognitive distortions with alternatives that are rooted in his faith, which may help him affirm those alternatives.

Megan adds that Antonio's interests also serve as protective factors. His interest in outdoor activities offers the potential for Vitamin D exposure and movement, both of which have mental health benefits (Ceolin et al., 2021; Mikkelsen et al., 2017). Dr. Reyes inquires about potential social support systems outside of his family. Megan says that Antonio reported that his coworkers have

offered their friendship through virtual happy hours and events, but he has not yet attended due to loss of interest. A supervisee likens his response to his all-or-nothing thinking and wonders if Antonio could start with a small step, like a one-on-one chat with a coworker, rather than starting with a big event. Dr. Reyes encourages Megan and the other supervisees to explore all potential avenues of support and strength that may contribute to their client's well-being. Megan agrees and states that she will ask Antonio what strengths he believes he has, and together they can collaborate to see how those strengths can help him in treatment.

Treatment Planning

After establishing a relationship and considering Antonio's presenting concerns and all relevant background and contextual information, Megan and Antonio can begin treatment planning (Macneil et al., 2012). Dr. Reyes explains how Megan can use the information she gathered, especially drawing upon protective factors, to develop holistic and targeted goals, objectives, and interventions in collaboration with the client (Macneil et al., 2012), with cognitive behavioral therapy as the driving guide. Dr. Reyes asks the group to consider how their own therapy modality would have them address Antonio's concerns with the same Five P factors in consideration. In this case illustration, Megan thinks it may be helpful to find physical and social activities that follow health guidelines and still mitigate the impact of isolation in Antonio's life. She believes these will address the all-or-nothing thinking he experiences, and she is positive there are alternatives that can consider both his health concerns and decrease his loneliness.

Dr. Reyes then asks Megan to consider how her thinking about Antonio has changed over the course of the Five Ps. Megan shares that she started feeling helpless with Antonio, as he seemed resistant to her obvious solution of ending isolation, but she now believes the Five Ps helped her develop potential targeted interventions. Dr. Reyes points out that Megan started with frustration and biases that were carrying into the session, but that she was able to develop some understanding and empathy of

Antonio's situation and his way of thinking as she reviewed each factor of the Five Ps. Dr. Reyes also reminds the group that they learned how to bracket and use their consultation, supervision, and personal counseling to address biases that arise in session.

In this case illustration, Megan begins her journey with Antonio with a clear solution for him: he should visit his family if he misses them, and this will solve his presenting concerns. The supervisor's guidance through case conceptualization using the Five Ps allowed Megan to think about contextual and cultural factors that may be contributing to Antonio's concerns. Megan was also led to consider the client's strengths.

Discussion

As CITs navigate counseling clients through a polarized pandemic, they may need additional assistance with conceptualizing their clients' COVID-19 mental health-related concerns. The Five Ps can offer supervisors a structured, yet flexible, approach that can help promote contextual understanding of clients' concerns. The acronym may also be useful to CITs in remembering factors to consider when conceptualizing their clients.

Implications for Counselor Education and Supervision

CACREP (2016) requires accredited counseling programs to address case conceptualization skills as a component of the counseling and helping relationship curriculum. Given the complex nature of case conceptualization and limited time and space in counseling skills courses, counselor educators can consider integrating the Five Ps throughout the overall curriculum to strengthen this skill prior to clinical fieldwork. For example, the Five Ps can be used in diagnostic courses to assist students in understanding case vignettes or videos, as diagnostic courses may be taken prior to the students selecting a theory of choice or prior to the students having an understanding of the full nature of their theory of choice.

Counselor educators can incorporate the Five Ps into treatment planning assignments to assist CITs in writing goals, objectives, and interventions that address the presenting concerns of the client and capitalize on their strengths. Because of the atheoretical nature of the Five Ps, it can be used in treatment planning assignments regardless of students' theoretical orientation. The Five Ps can be used in conjunction with theory-specific case conceptualization models and provide more context to the client's situation than the theory-specific model may provide. The use of the Five Ps may help CITs ensure they are creating congruent and comprehensive treatment plans by ensuring students explore multiple dimensions of the client's background and consider the full extent of the client's concerns.

Supervisors can utilize this model in individual and group supervision, and CITs can apply it to their cases, regardless of theoretical orientation. The Five Ps may be especially helpful for CITs who are still unsure of their theoretical orientation and do not yet have a systematic way of approaching case conceptualization. These CITs may feel uncertain of how to approach case conceptualization without a theory, and the Five Ps approach requests concrete information that can strengthen self-efficacy as they find they are able to consider each factor. Supervisors may find the Five Ps useful when CITs have difficulty finding empathy for certain clients, as the Five Ps assists in adding contextual information to a client's presentation. Additionally, for clients navigating COVID-19–related issues, the use of the Five Ps can assist CITs in considering contextual factors such as politics and racial and ethnic disparities that may be prone to exclusion in more standardized approaches such as cognitive-behavioral therapy. Overall, implementing the Five Ps approach prior to treatment planning can help CITs consider factors that may go unnoticed.

Limitations

There is not a culturally responsive specific prompt in the Five Ps model. When teaching the Five P model, it would behoove counselor educators and supervisors to incorporate cultural components

throughout the model, particularly when considering perpetuating and protective factors, as the full context of the client's concern could be missing if culture is not considered. Counselor educators and supervisors can ask students to consider how the current cultural landscape of society may be impacting the client. This would mean asking current CITs how the pandemic and sociopolitical climate may be impacting their client, even if it is not an obvious overtone in their presenting concern. In written assignments and oral discussion, counselor educators and supervisors can explicitly ask CITs to explore ways in which the client's cultural aspects serve as strengths, such as the importance of family support. CITs can also consider how cultural aspects contribute to the presenting concern, such as the promotion of mental health stigma and unhelpful ways of thinking.

Because the use of the Five Ps involves exploring past events, CITs can be guided to be mindful of how they explore questions related to the past and trauma with clients. For clients with severe trauma, CITs should use caution and ensure that they are not harming the client by unnecessarily or prematurely discussing traumatic events. Additionally, the Five Ps may not be appropriate for clients with serious thought disorders, who might not be able to articulate background information or for which the background information is irrelevant to treatment.

Implications for Research

While the Five Ps offer a systematic and idiographic approach to case formulation, there remains a paucity of research on the efficacy of case conceptualization in the mental health field (Ridley et al., 2017). This is noteworthy, as case conceptualization is one of the primary foci in practicum and internship evaluation forms (Kemer et al., 2017). Counselor educators have the opportunity to utilize single-case research design using the Five Ps in supervision settings to assess improvement in case conceptualization skills. Researchers can also utilize a case study approach to explore CITs experiences using the Five Ps. A case study approach of a supervisor's use of the

Five Ps in supervision would provide rich information on the CITs learning process and identify potential benefits and gaps in implementation. Clinical supervisors can implement a quasi-experimental design to explore the benefits of the Five Ps using client outcome data in clinical training centers. The use of outcome data would be beneficial in establishing efficacy of case conceptualization, which is much needed and currently underresearched in counseling literature.

Conclusion

The Five Ps allow clients to be examined across several domains, each of which may provide valuable data. Presenting concerns, predisposing factors, precipitating factors, perpetuating factors, and protective factors in totality yield a multidimensional picture of the client and their concerns. Its transtheoretical nature affords the opportunity to incorporate a variety of strategies and approaches. For CITs, this model can be quite beneficial in their growth in the area of case conceptualization. Furthermore, clinical supervision using the Five Ps affords a systematic manner to examine, consult, and provide interventional direction to the next generation of counselors.

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