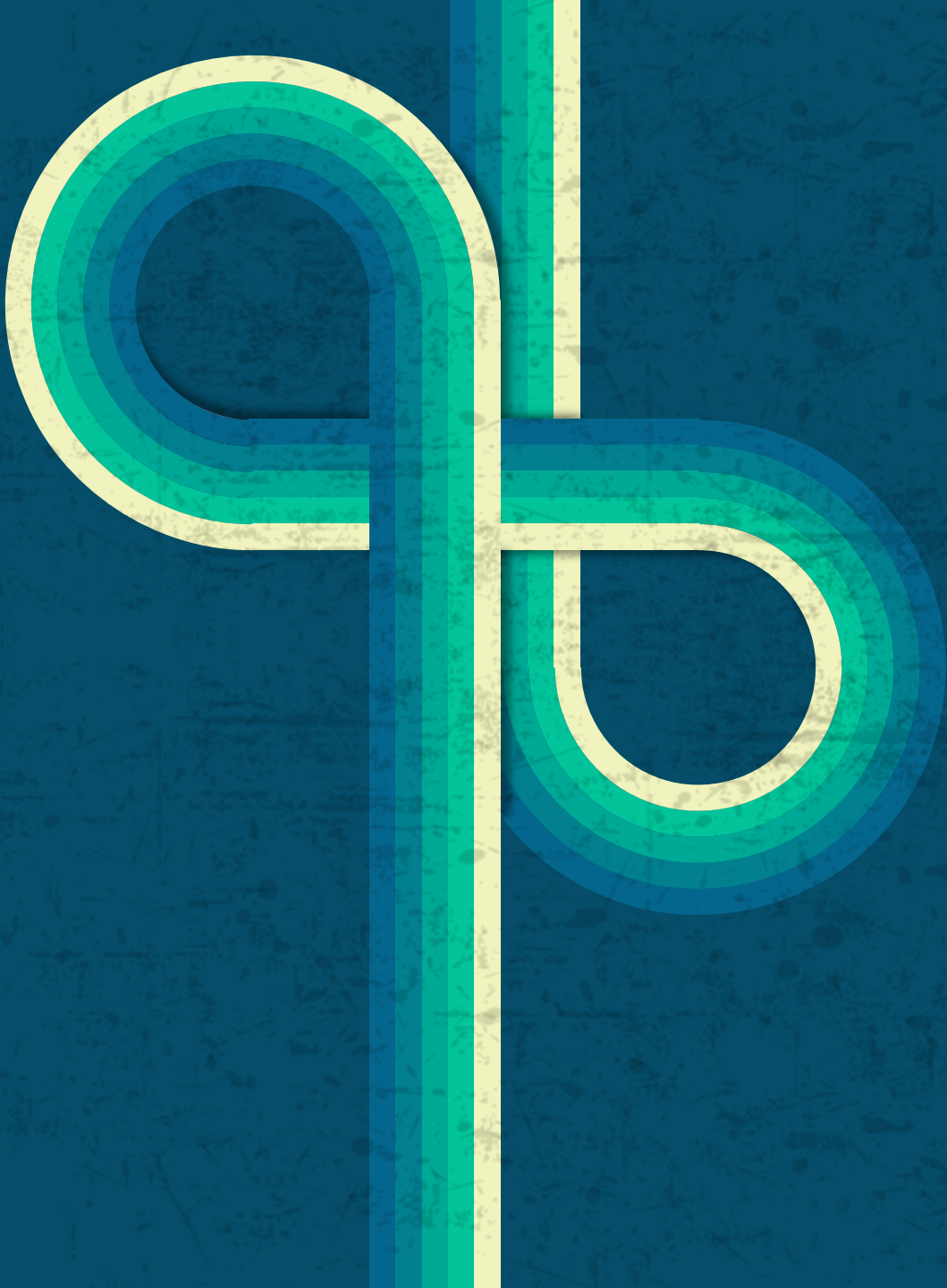




A 5-Step Approach to Case Conceptualization

*Bryce D. McLeod, Ph.D.
Professor of Psychology
Virginia Commonwealth University
bmcLeod@vcu.edu*

Agenda

- What is case conceptualization
- Foundations of effective case conceptualization
- Science-informed Case Conceptualization Model
- Case Presentation

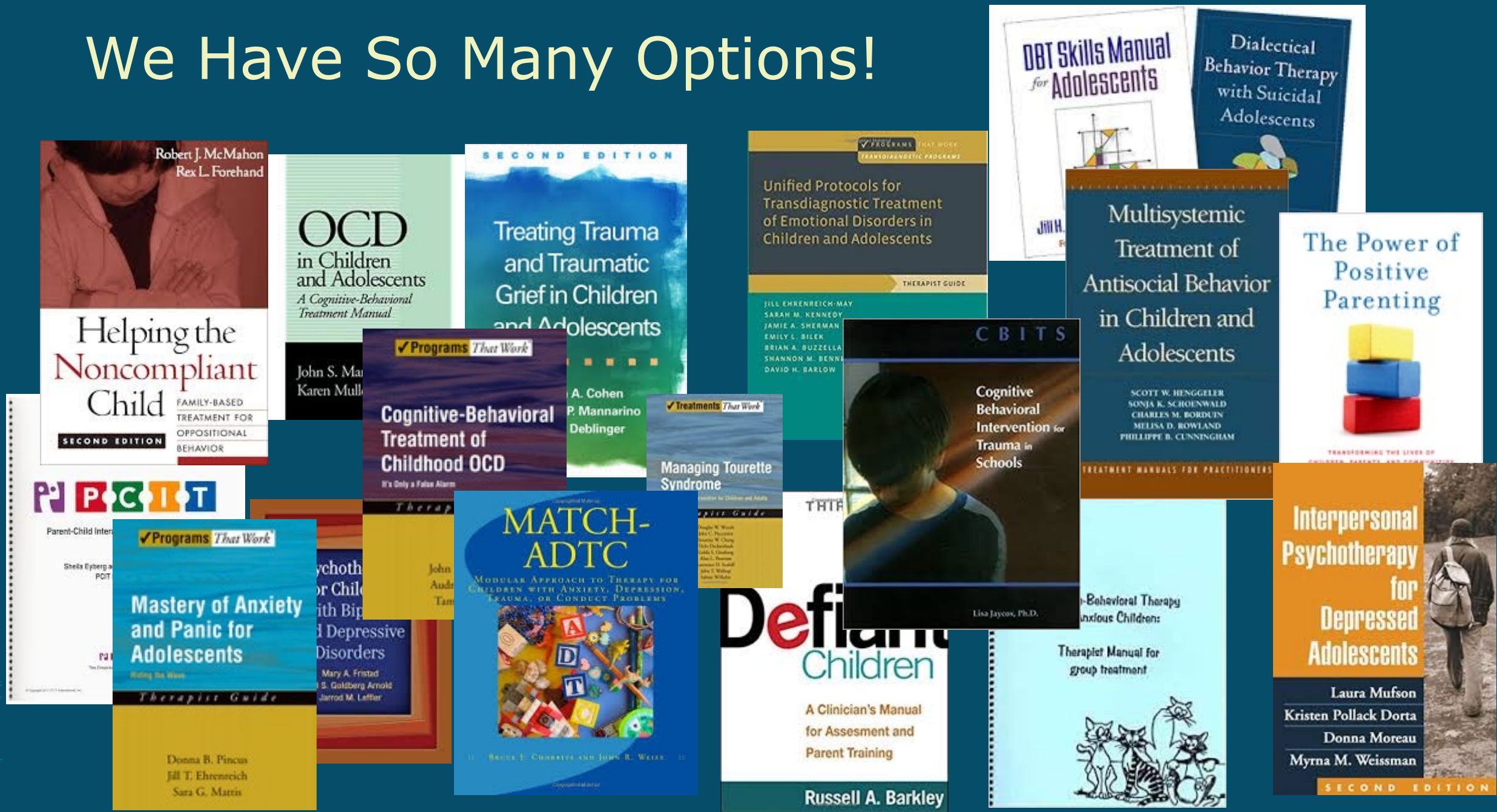


Acknowledgements

- Amanda Jensen-Doss, PhD
- Lily Christon, PhD
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We Have So Many Options!



What We Need Now....



Case Conceptualization

What is it?

- A provisional map of a person's presenting problems that describes the territory of the problems and explains the processes that likely caused and are maintaining the problems (Bieling & Kuyken, 2003)



Case Conceptualization: Theory-driven Versus Integrative

- Theory-driven
 - Based on a specific theoretical orientation
 - E.g., cognitive-behavioral case conceptualization
- Integrative
 - Combines ideas from multiple orientations
 - E.g., Ingram (2006) Core Clinical Hypotheses

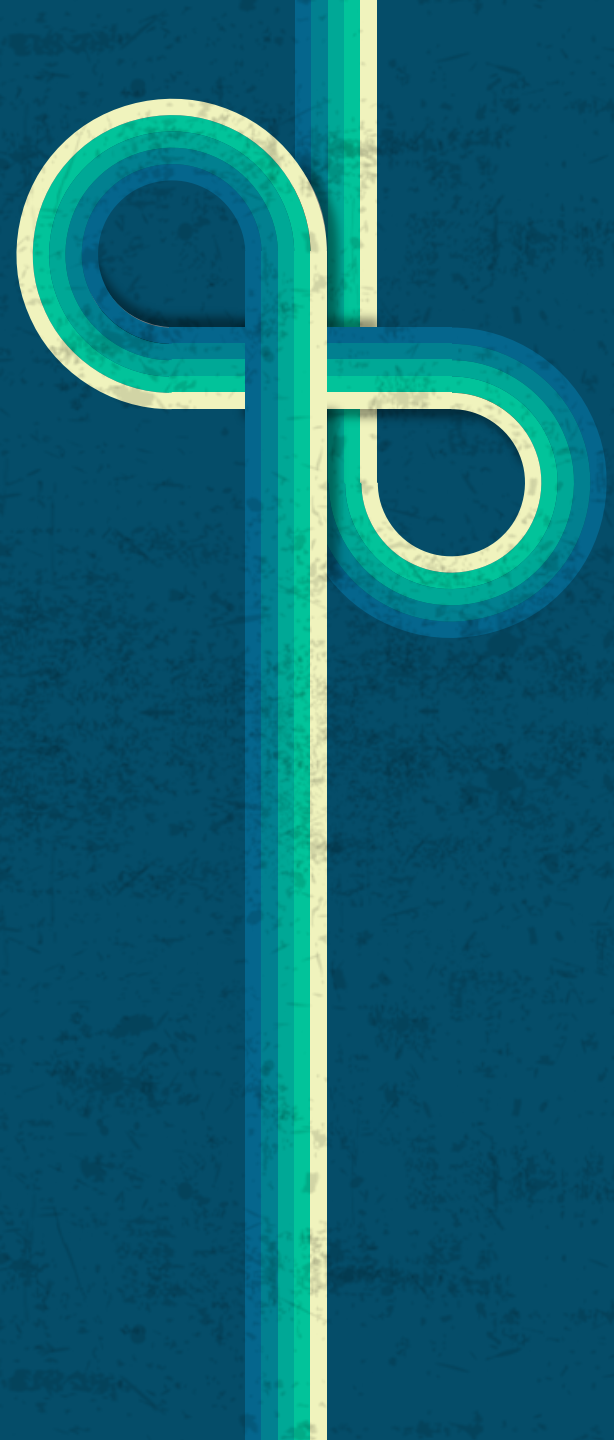
Case Conceptualization

What are the qualities of a “good” case conceptualization?

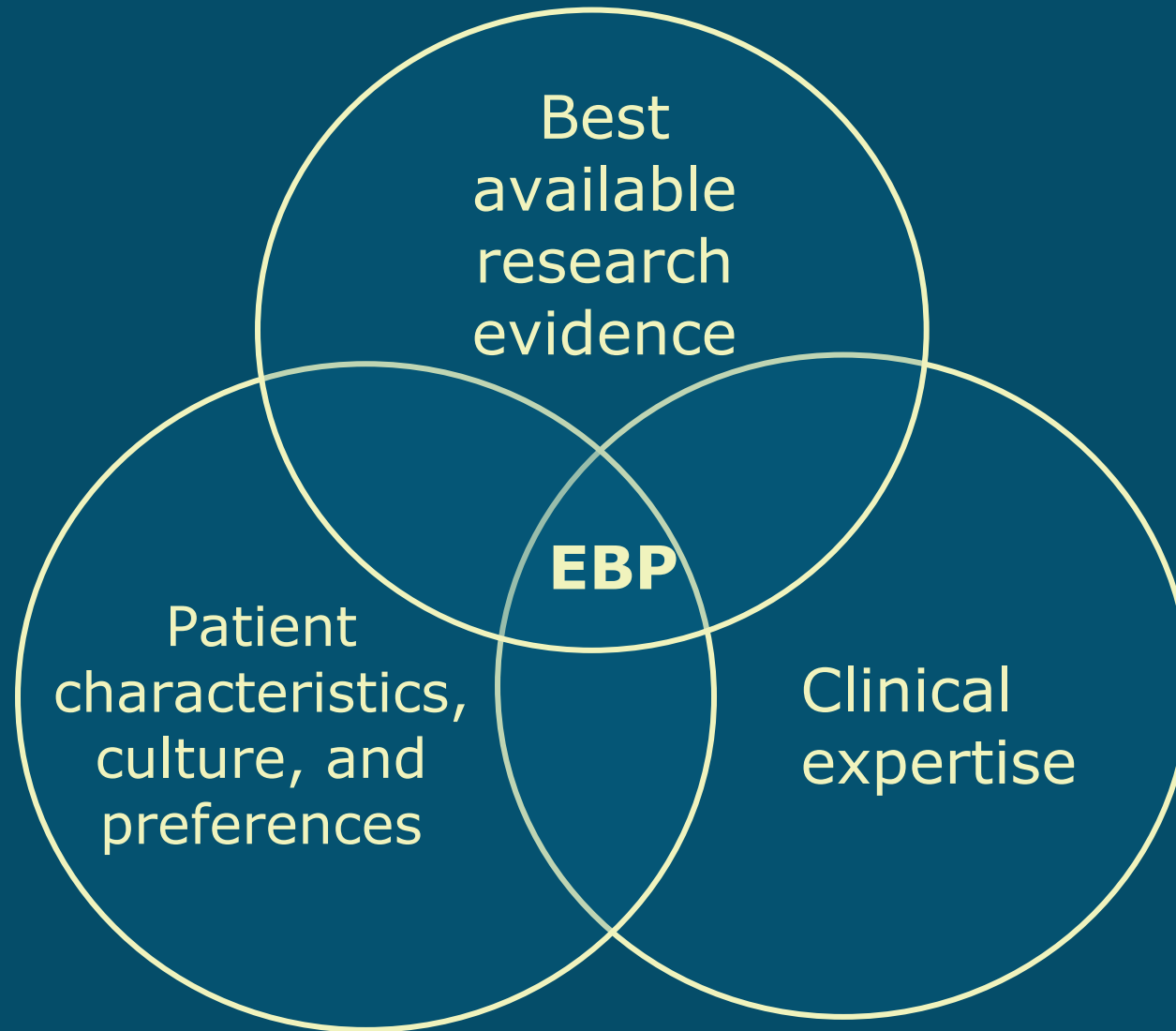
- Describes problems and processes in ways that are verifiable
- Provides a clear road map for intervention
- Is open to revision
- Can be integrated into daily practice



Foundations of Effective Case Conceptualization

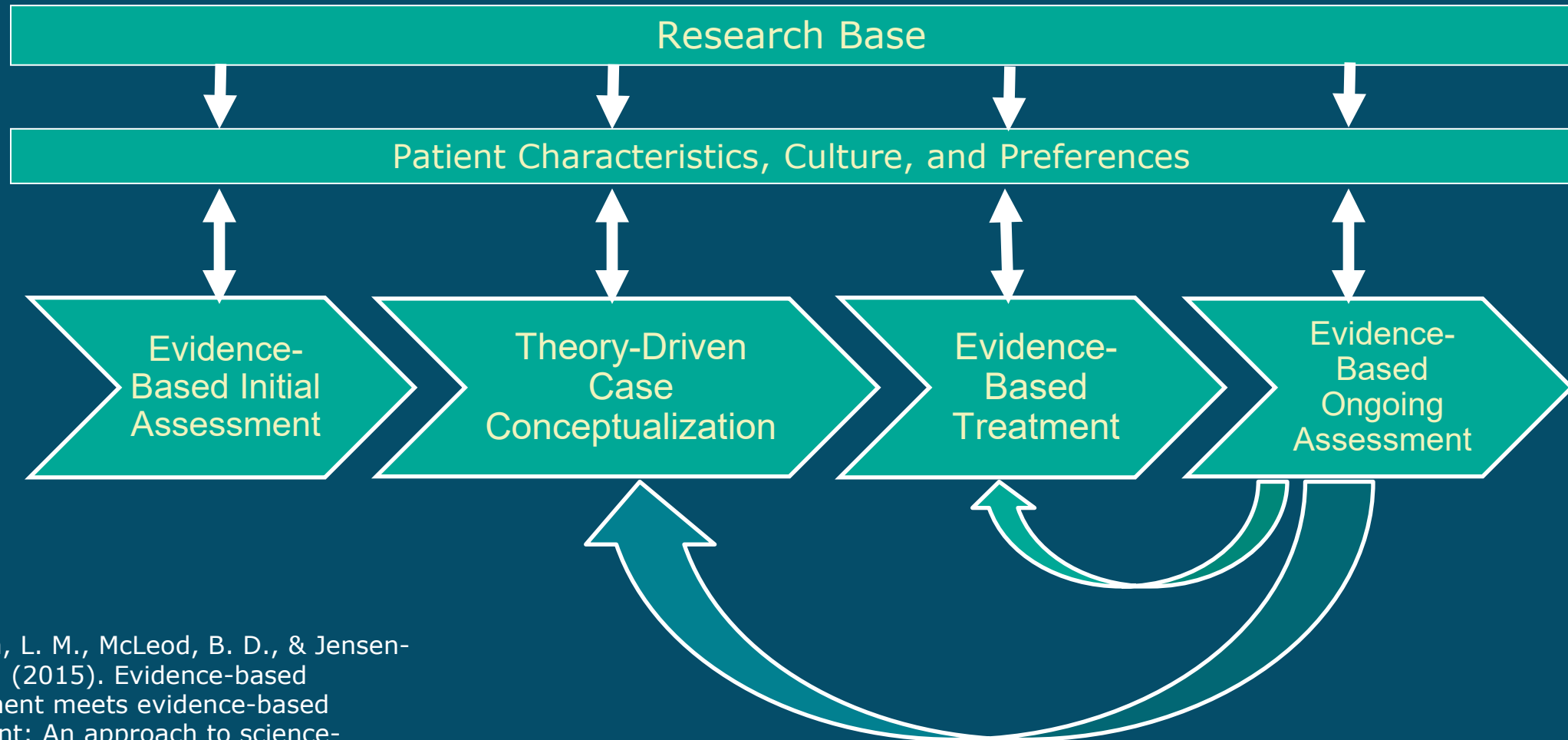


The Evidence-Based Practice Model



APA Presidential Task Force, 2006

The Process of Evidence-Based Practice



Christon, L. M., McLeod, B. D., & Jensen-Doss, A. (2015). Evidence-based assessment meets evidence-based treatment: An approach to science-informed case conceptualization. *Cognitive and Behavioral Practice*, 22(1), 36-48.

Evidence-Based Initial Assessment

- Foundation of a solid case conceptualization
- Informed by a combination of:
 - Nomothetic tools (e.g., structured diagnostic interviews, rating scales)
 - Idiographic tools (e.g., unstructured interview, Top Problems, self-monitoring)



Evidence-Based Initial Assessment

- Goals:
 - Gather data on presenting problems
 - Gather historical data
 - Gather information on causal and maintaining factors



Develop Initial Case Conceptualization

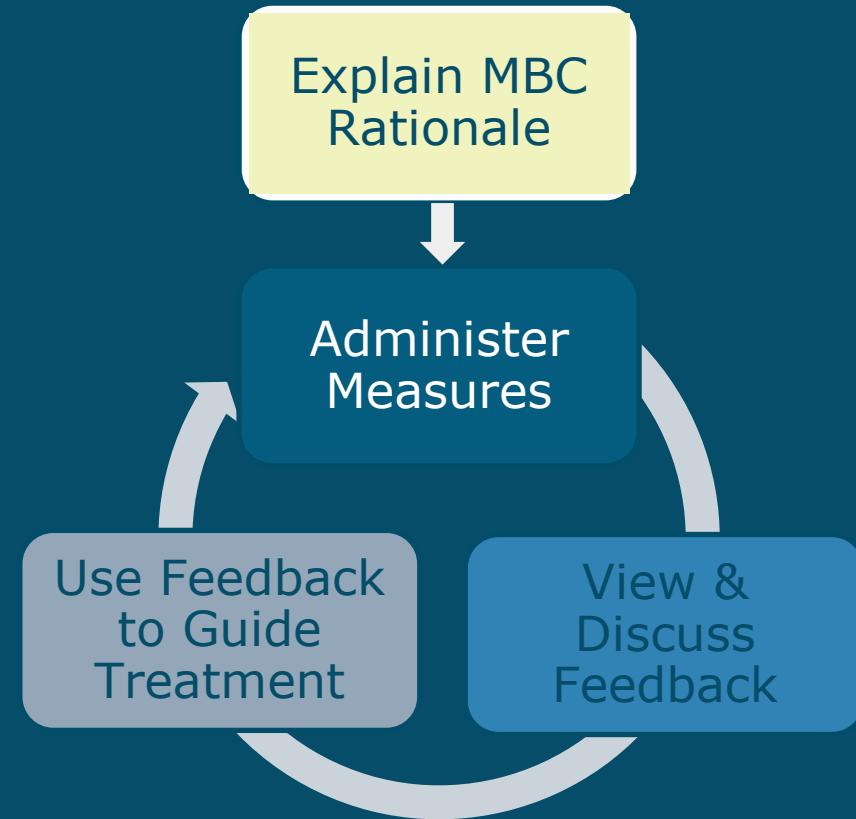
- Generate a “map” of the client’s, historical factors, causal factors, presenting problems, and maintaining factors
- Construct testable **hypotheses** about relation between variables
- Open to ongoing revision

Evidence-Based Treatment

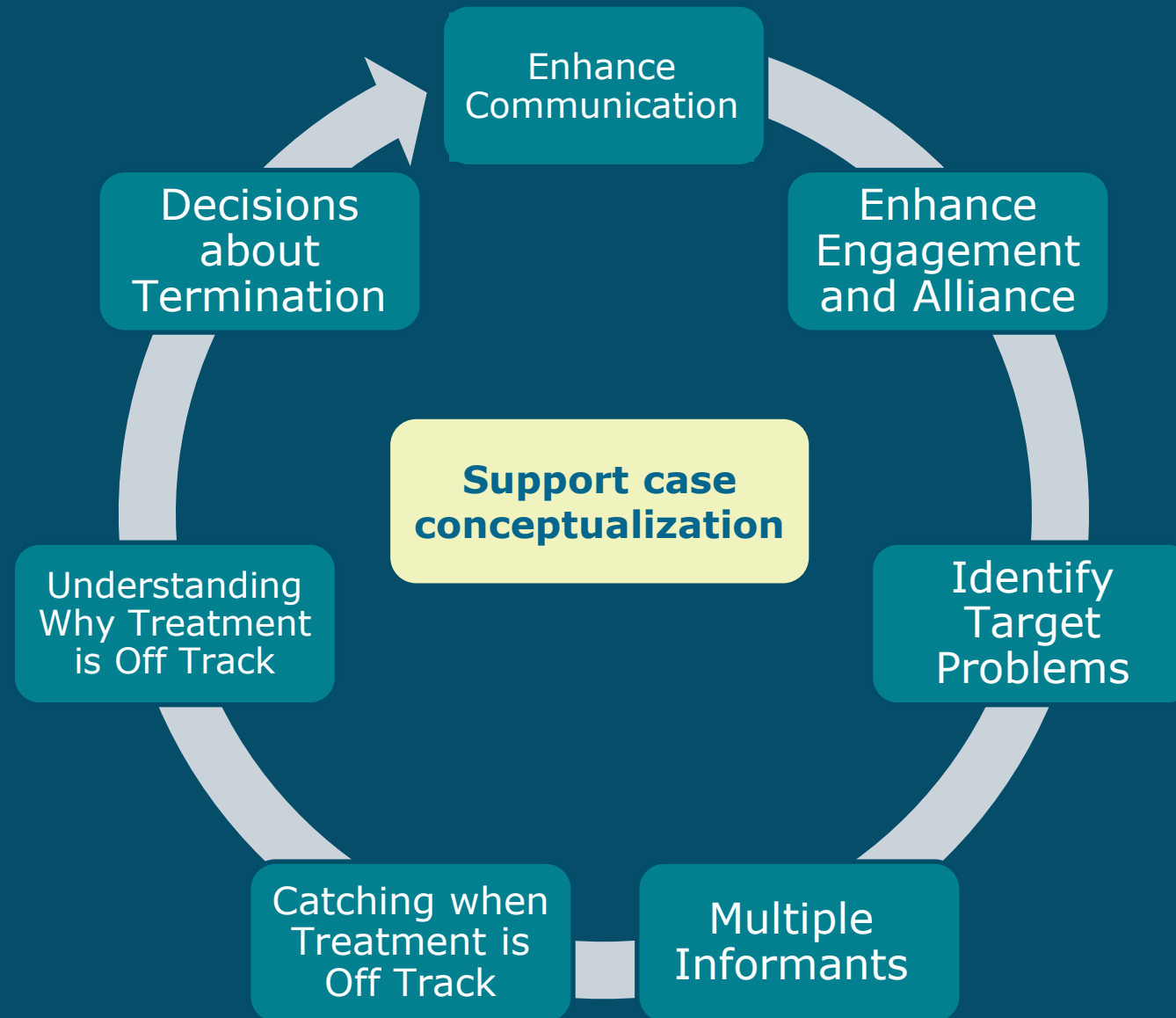
- Hypotheses guide treatment selection
- Tailoring

Ongoing Assessment

- Select measures for ongoing assessment
- Create a feedback loop to revise the case conceptualization
- **Measurement-based care** can be a good way to ground this process



Measurement Based Care



Jensen-Doss, A., Douglas, S., Phillips, D. A., Gencdur, O., Zalman, A., & Gomez, N. E. (2020). Measurement-based care as a practice improvement tool: Clinical and organizational applications in youth mental health. *Evidence-based practice in child and adolescent mental health*, 5(3), 233-250.

Questions?

The Science-Informed Case Conceptualization Model

(McLeod, Jensen-Doss, & Ollendick, 2013; Christon et al., 2015)

- Science-informed, not evidence-based
- Atheoretical, grounded in principles of behavioral assessment
- Emphasizes an integration of:
 - Developmental psychopathology literature
 - Treatment literature
 - Evidence-based assessment literature

Model Overview

	Relevant Tools
Step 1: Identify and quantify presenting problems and causal/maintaining factors	• Assessments • Interviews
Step 2: Assign diagnoses	• Interviews • Observational Methods
Step 3: Develop initial case conceptualization	• Use data from Stages 1 and 2
Step 4: Proceed with treatment plan and selection	• Data from Stages 1 and 2 • Treatment literature
Step 5: Monitor and evaluate treatment outcomes and revise case conceptualization as necessary	• Measurement-based care • Process variables

[//www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf](https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM5_Cultural-Formulation-Interview.pdf)

Cultural Formulation Interview

(Sanchez, Comer & LaRoche, 2022)

Sanchez, A. L., Comer, J. S., & LaRoche, M. (2022). Enhancing the responsiveness of family-based CBT through culturally informed case conceptualization and treatment planning. *Cognitive and Behavioral Practice*, 29(4), 750-770.

Case Example: Selene 12yo Latina Female

- Presenting concern:
 - Dramatic drop in grades, difficulty concentrating, and missing school and school assignments

Step 1: Identify Presenting Problems, Causal/Maintaining Factors, and Historical Factors



Identify presenting problems & list in order of treatment priority



Identify and gather data on:

- Historical factors
- Causal factors (antecedents)
- Maintaining factors (consequences)

Stage 1: Definitions

- **Historical Variables:** Non-modifiable variables relevant to understanding what's happening (e.g., trauma history)
- **Causal Factors:** Modifiable factors within the client or surrounding systems that set the stage for the target problem
- **Presenting/Target Problems:** What brought the youth and family to treatment/what is being addressed in treatment.
- **Maintaining Factors:** Factors that serve to increase the likelihood that the target problems will continue in the future

Intake Evaluation

- Matched with a bilingual Latina clinician
- Completed Top Problems + assessment measures
- Unstructured interview conducted in Spanish
 - Including portions of the Cultural Formulation Interview

<https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures>

https://weiszlab.fas.harvard.edu/files/jweisz/files/top_problems_assessment_manual_09.11.18.pdf

Presenting Problem: Selene

- Difficulty concentrating in class
 - Due to physiological discomfort (i.e., nausea, racing heart, blushing, shortness of breath) when around peers
 - Uses an inhaler, thinking it is her asthma, but it does not help
- Worries her peers think she is stupid and ugly
- Has not completed school assignments that require group work or public speaking

Presenting Problem: Mother Report

- Daughter has missed school, complaining of “not feeling good”
- Selene recently entered puberty and started her menstrual cycle

Step 1: Identify Presenting Problems, Causal/Maintaining Factors, and Historical Factors

Psychopathology literature = guidance on **what** might be causal/maintaining factors

Assessment literature = **how** to assess constructs

Step 1: Identify Presenting Problems, Causal/Maintaining Factors, and Historical Factors

- **Nomothetic measures:**

- Broad rating scales
- Focused symptom inventories
- Modules of structured/semi-structured interviews

- **Idiographic measures:**

- Top Problems measure (Weisz et al., 2011)
- Self-monitoring
- Unstructured interview

Becker-Haimes EM, Tabachnick AR, Last BS, Stewart RE, Hasan-Granier A, Beidas RS (2020). Evidence base update for brief, free, and accessible youth mental health measures. *Journal of Clinical Child and Adolescent Psychology*, 49(1), 1-17.

'Nomothetic' Assessment Results

Instrument	Outcome
ChIPS	Meets diagnostic criteria for social phobia
P-ChIPS (mother)	Does not meet diagnostic criteria
SDQ Youth	Elevated Emotional Symptom scale
SDQ Parent (mother)	Elevated Peer Relationship Problem scale
RCADS	Elevated Social Anxiety and Depression subscales
RCADS-P (mother)	Elevated Depression subscale
ChIPS: Children's Interview for Psychiatric Syndrome (Weller et al., 1999);	
SDQ: Strengths and Difficulties Questionnaire (Goodman, 1997);	

'Idiographic' Assessment:

Selene and her mom completed the Youth Top Problems (Weisz et al., 2011)

- Identifies the main problems that brought them to treatment along with severity ratings for each – parent and child

Selene's Top Problems:

- "meeting new friends"
- "feeling less anxious at school"
- "improving grades"

Selene's mother's Top Problems: (not directly related to anxiety)

- "finishing chores"
- "homework"

BREAK (10 Minutes)

Domains to consider when creating a case conceptualization

- May help understand how historical, causal, antecedent, or maintaining factors influence target problem(s)
- Can be asked during intake

Domains to Consider: Continued

- **Medical History:** Does the client have a history of medical illnesses, hospitalizations, or significant injuries?
 - Is the client taking any medications or drugs that could explain the presenting problems?
- **Trauma:** Has the client been exposed to any traumatic events or witnessed violence?

Domains to Consider: Continued

- **Developmental Factors:** Did the client experience any prenatal, perinatal, or postnatal complications?
 - Did the client achieve all developmental milestones?
 - What is the client's social history?
- **Genetic Factors:** Is there a family history of emotional and/or behavioral problems?
 - Does the client have a history of behavioral inhibition?

Domains to Consider: Continued

- **Biological Factors:** To what extent do physical or somatic symptoms play a role in the presenting problem?
 - Does the client have particular markers of physiological over-reactivity such as a strong startle response and strong gag reflex?
- **Behavioral Skills:** Has the client developed the appropriate behavioral skills?
 - If not, what, if any, relation does the skill deficits play in causing or maintaining the target behavior?

Domains to Consider: Continued

- **Cognitive Processes:** How does the client view his/her target behaviors?
 - Does the client believe in his/her ability to effectively deal with the target behaviors?
 - Are there any cognitive biases that might influence the client's perception of his/her environment?
 - Are there any cognitive processes that are missing that might aid the target behavior (problem solving skills)?

Domains to Consider: Continued

- **Learning Processes:** Does a specific event and/or stressor predate the onset of the target behavior?
 - Did a direct (conditioning) and/or indirect (operant, modeling) learning experience influence the development of the target behavior?

Domains to Consider: Continued

- **Caregiver Influences:** What opportunities do the caregivers provide for mastery experiences?
 - Do the caregivers influence a client's opportunities for behavioral practice?
 - Do the caregivers routinely take tasks over for the client that they could reasonably do for themselves?
 - Do the caregivers model certain behaviors?

The clinician learned about relevant factors through the assessment:

Selene: Age, Development, Temperament, and Generational Context

- Typical development
- Selene is 12yo (“tween”)
 - Generation Z
- Selene has “always been shy”
- Went through COVID when 8yo and was in virtual education in 4th grade

Selene: Medical and Psychiatric History

- Diagnosed with asthma at 9yo
 - Per mom, does not need daily treatment, BUT uses a rescue inhaler (albuterol) daily
- No past mental health concerns; no trauma/abuse endorsed
- Her maternal family history is significant for anxiety and depression
 - Selene's mother describes aversion to social situations, limited social circle

Selene: Family, Language, Culture, Built Environment/ Neighborhood

- Lives with parents, 15-year-old sister, and maternal grandmother
- Parents moved to United States from Colombia before children were born
- Mother home with children, father works in local business
- Family speaks Spanish at home
 - Selene is fluent in English and Spanish
 - Selene indicated more comfort conversing in English whereas her parents indicated more comfort in Spanish
- Family lives in a neighborhood on the city outskirts

Selene: School and Social History

- Attended English as a Second Language (ESL) program in elementary school
- Now fluent in English and Spanish
 - Struggled with lower reading achievement, especially since COVID
- Victim of bullying (5th grade, after COVID) about ethnicity and ESL education
- Selene attends 7th grade at a public school (in person)
- Elementary school was OK but transition to middle school was hard
- Past 6 months:
 - Started missing assignments & decrease in grades
 - Missing more school
 - Guidance counselor encouraged parents to pursue mental health services

Questions?

Step 1

Target	Cognitive	Behavioral	Affective	Intensity (1-10)	Frequency & Duration
Physiological symptoms	• "I'm turning red and breathing hard and people are looking at me" • "I can't control what's happening in my body"	• Use inhaler • Leave situation	• Fear	8	Multiple times per day in unstructured time with peers; when she wakes and thinks about school
Behavioral avoidance	• "Nobody likes me" • "I speak certain words with an accent and people look at me"	• Refuses to go to school • Refuses to go to lunch when at school	• Flat sometimes • Appearing very upset/irritable other times	5	1x every 2 weeks (refuses school) Daily refuses to go to lunch

Step 2: Assign a Diagnosis

- Based on data collected about presenting problems, assign appropriate DSM-5-TR/ICD-11 diagnoses
- Why diagnose?
 - It's the clinical language we speak
 - Enter into the literature and can guide treatment selection
 - Authorization of services (insurance!)
 - Assessing treatment outcomes (still meeting dx over time?)

Diagnoses

≠

Case
Conceptualization

Selene: Diagnostic Impressions

- Social Anxiety Disorder and Asthma (medical)
- Ruled out:
 - MDD: depressive symptoms are present but not the duration criteria for a major depressive disorder
 - ADHD: inattention in class more related to preoccupation with her social environment and uncomfortable physiological symptoms (inattention conceptualized within social phobia)

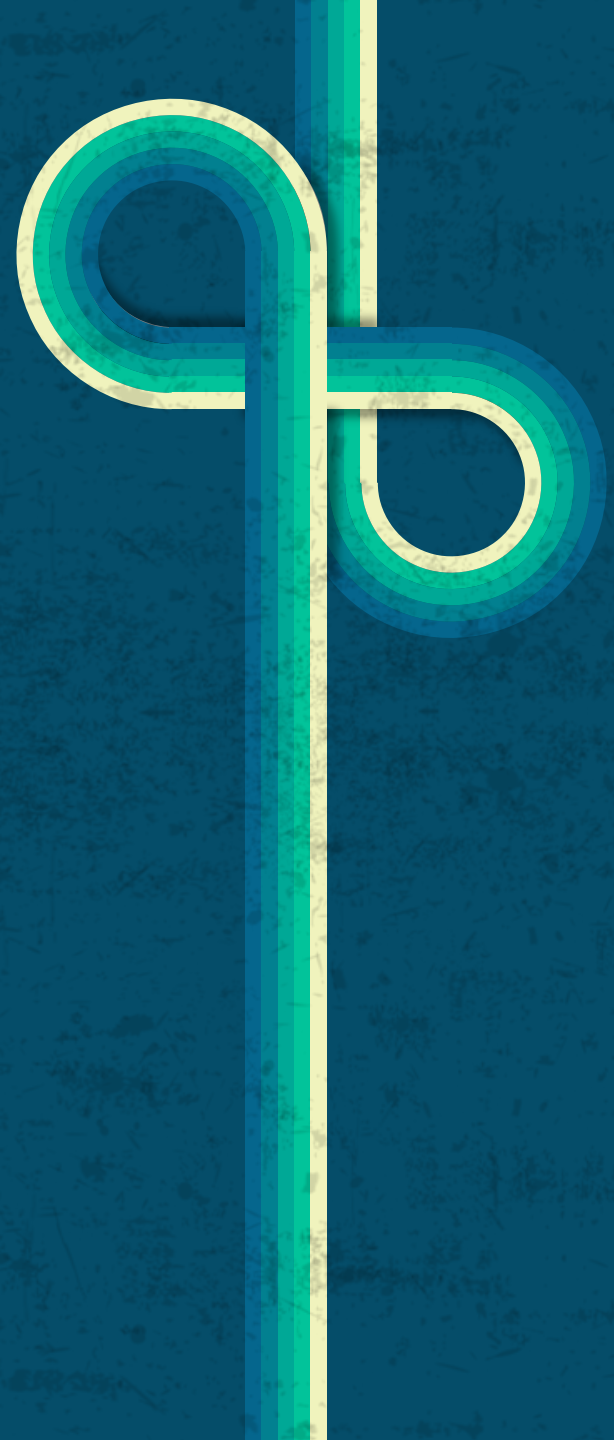
Step 3: Form the Initial Case Conceptualization

Synthesize assessment data to produce comprehensive picture that:

- Identifies target behaviors
- Generates hypotheses about:
 - How the target behaviors developed
 - What triggers them
 - What maintains them
- Leads to ideas about intervention strategies

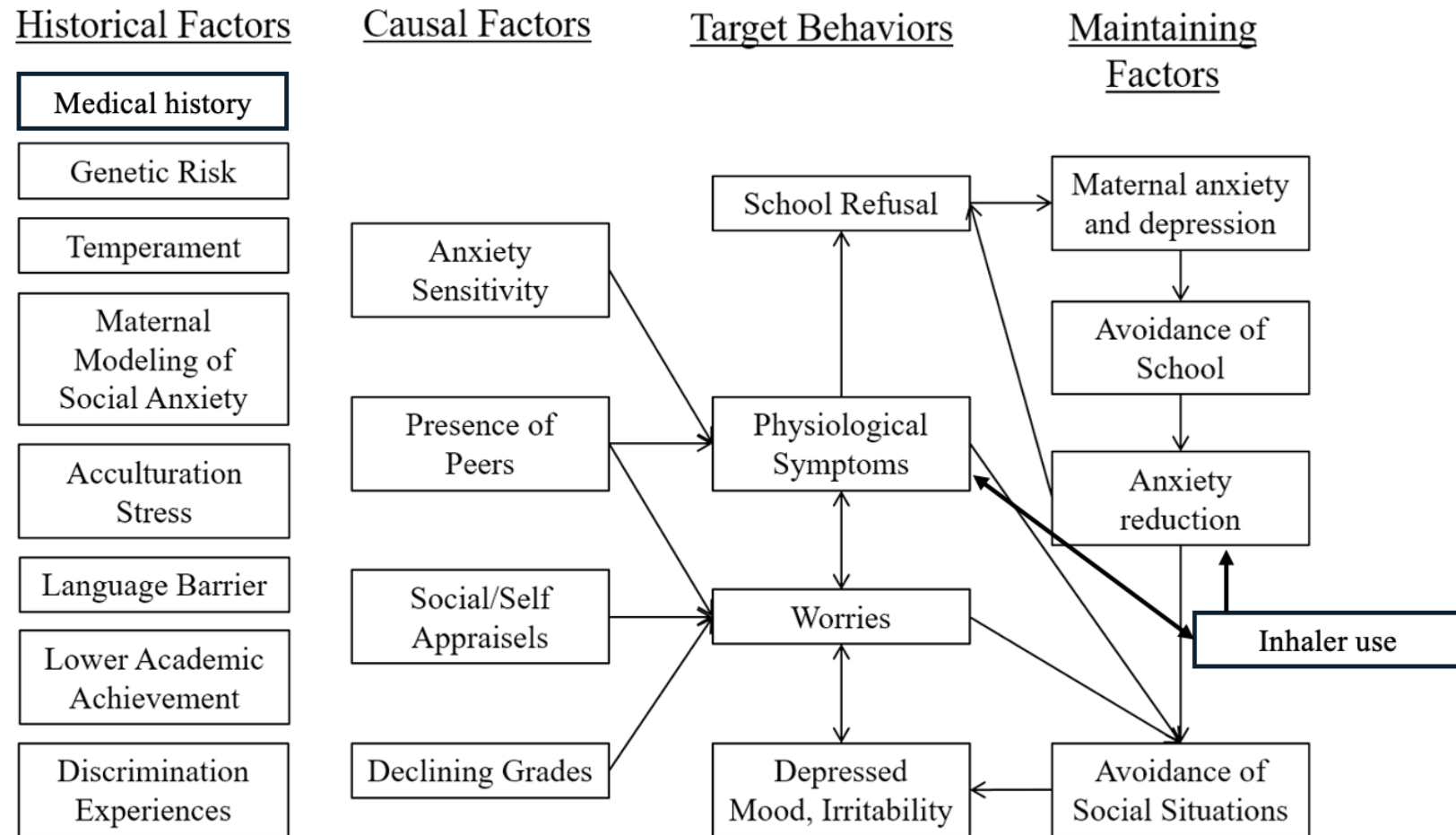
Share the case conceptualization with the client

Figural drawings can be helpful!



Stage 3: Conceptualization of Selene's case

Figure 1.
Conceptualization of Selene's Case



Targets/Selected Hypotheses

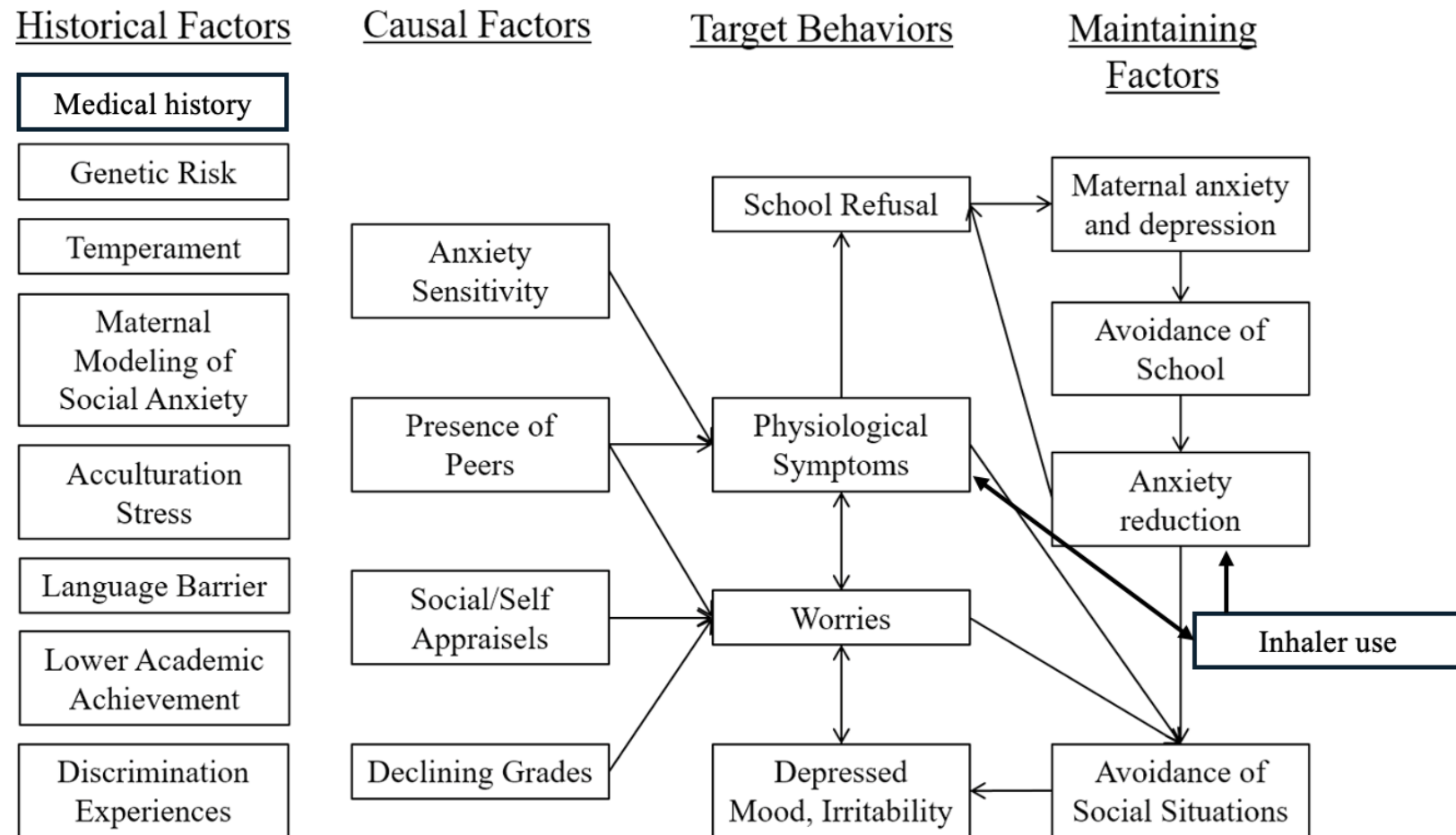
- Behavioral avoidance
 - H1: Avoidance of school/social situations (lunch) is reinforced by reducing anxiety in short-term
 - Long-term → increased worries and negative automatic thoughts about competence in social situations
 - H2: Avoidance and isolation contributes to negative mood/depression

Targets/Selected Hypotheses

- Negative appraisals and worries
 - H3: Negative thoughts about competence in social situations increases worries and depression
- Physiological symptoms
 - H4: Anxiety sensitivity amplifies physical symptoms of anxiety in social situations
 - H5: Daily rescue inhaler use is an effort to reduce physiological symptoms (safety behavior), but the albuterol is likely paradoxically contributing to increased physiological symptoms

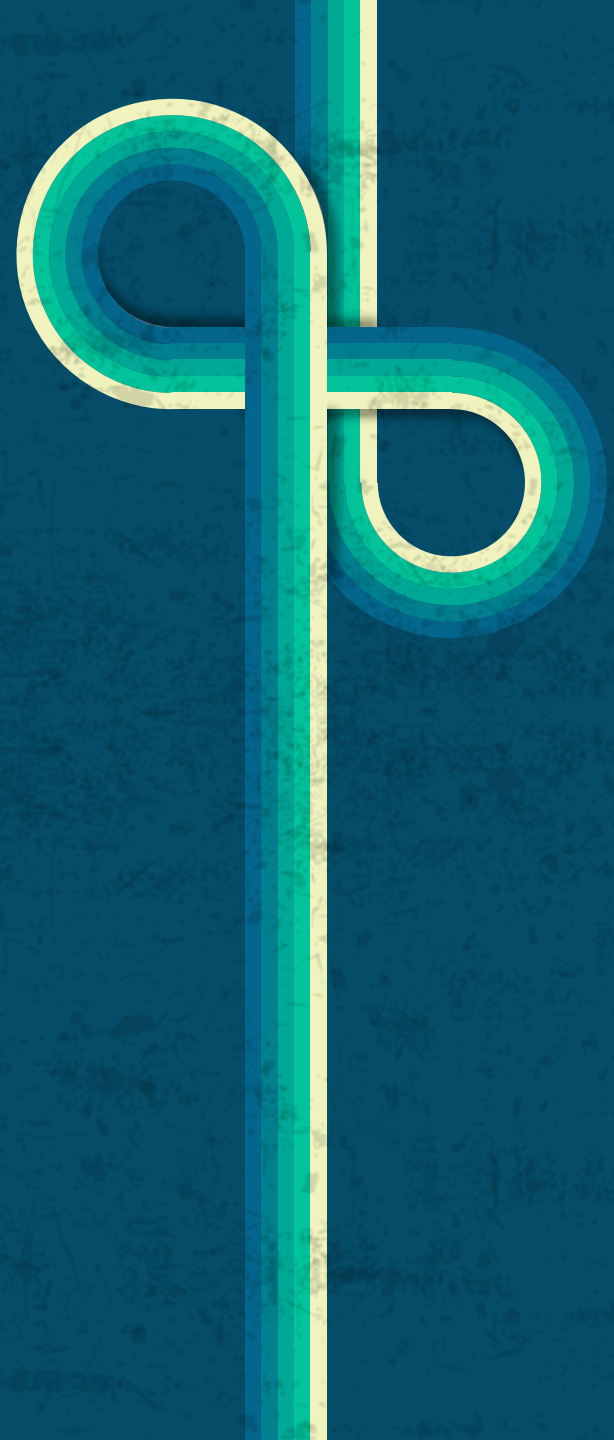
Stage 3: Conceptualization of Selene's case

Figure 1.
Conceptualization of Selene's Case



Step 4: Proceed with Treatment Planning and Selection

- Identify specific strategies that would address each hypothesis
- Review the literature to determine which evidence-based treatment provides the best coverage of those strategies



Which Hypotheses to Target?

Those...:

- ...with high probability of producing meaningful change
 - Modifiable?
 - Client motivated to change?
- ...with increased likelihood of impacting multiple target behaviors
- ...that are feasible
 - Not too costly, not too time-intensive, client has the requisite skills, therapist has the expertise
- ...that are likely to lead to long-lasting change
- ...with minimal short- and long-term negative consequences (i.e., low risk of harm)

Step 4: Selene's Evidence-Based Treatment Options

- Clinician consulted the resources at Effective Child Therapy to identify treatment options
 - <https://effectivechildtherapy.org/concerns-symptoms-disorders/disorders/fear-worry-and-anxiety/>
- Clinician chose CBT (which will include exposure)

Treatment Plan

- Clinician introduced CBT for Social Anxiety Disorder to family
- Discussed application of various intervention components to treatment targets/hypotheses

Treatment Plan: Continued...

Targets (Strategies/Interventions):

- Behavioral avoidance →
 - Fear hierarchy, exposure/behavioral activation
 - Parenting skills (school refusal)
- Physiological symptoms →
 - Relaxation
 - Psychoeducation about anxiety and inhaler use
- Worries →
 - Cognitive restructuring
 - Behavioral activation to test out feared outcomes and evidence for worried thoughts

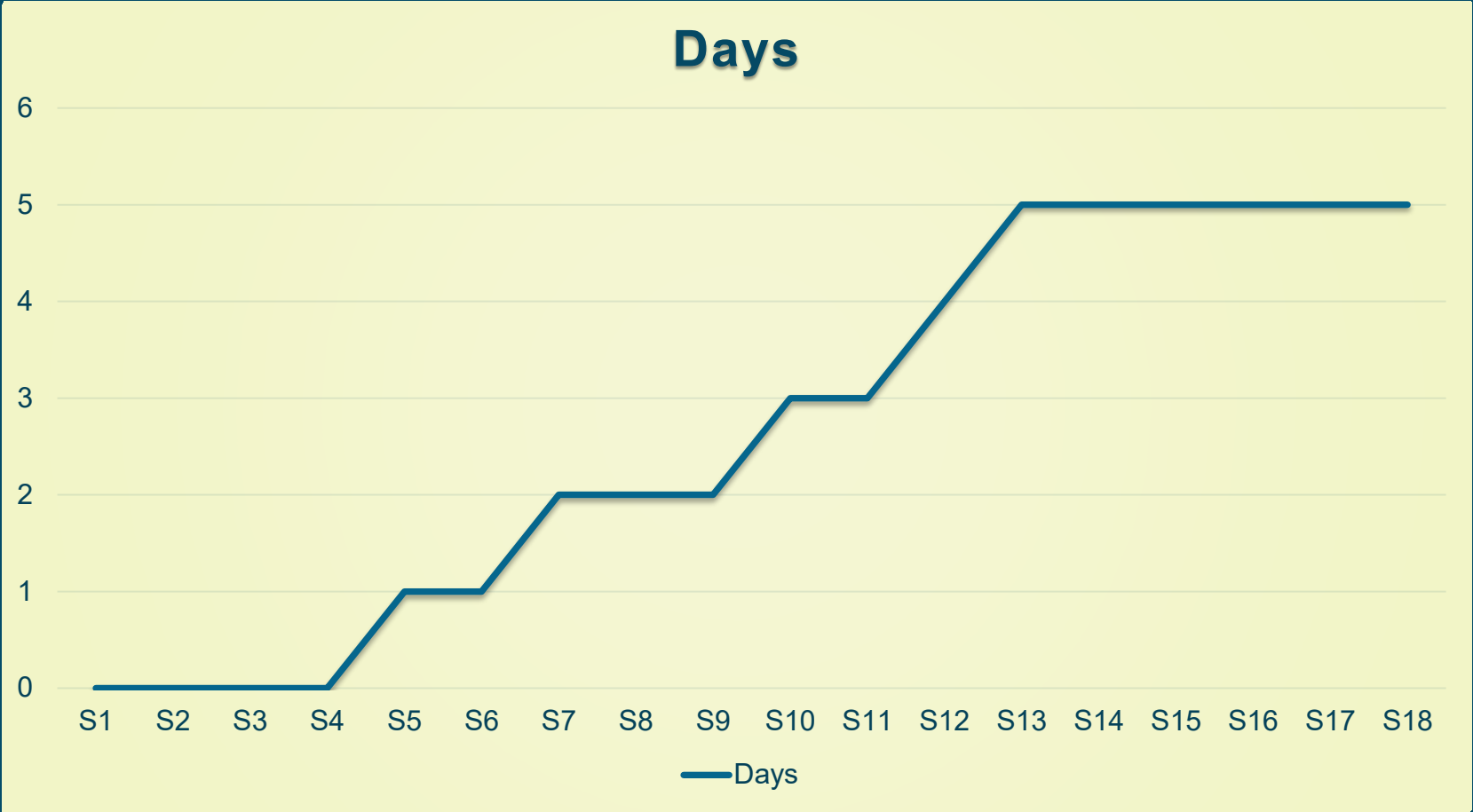
Step 5: Develop Outcome Monitoring Strategies

- Test hypotheses!
 - Develop a strategy for monitoring client outcomes and relevant processes
- Why monitor outcomes?
 - Increases engagement
 - Administrative requirements
 - Ongoing revision of case conceptualization
 - Early identification of cases at risk for poor outcomes
 - Facilitate discussions with clients about progress
 - Feedback when learning new treatments
 - Decisions about when to end treatment

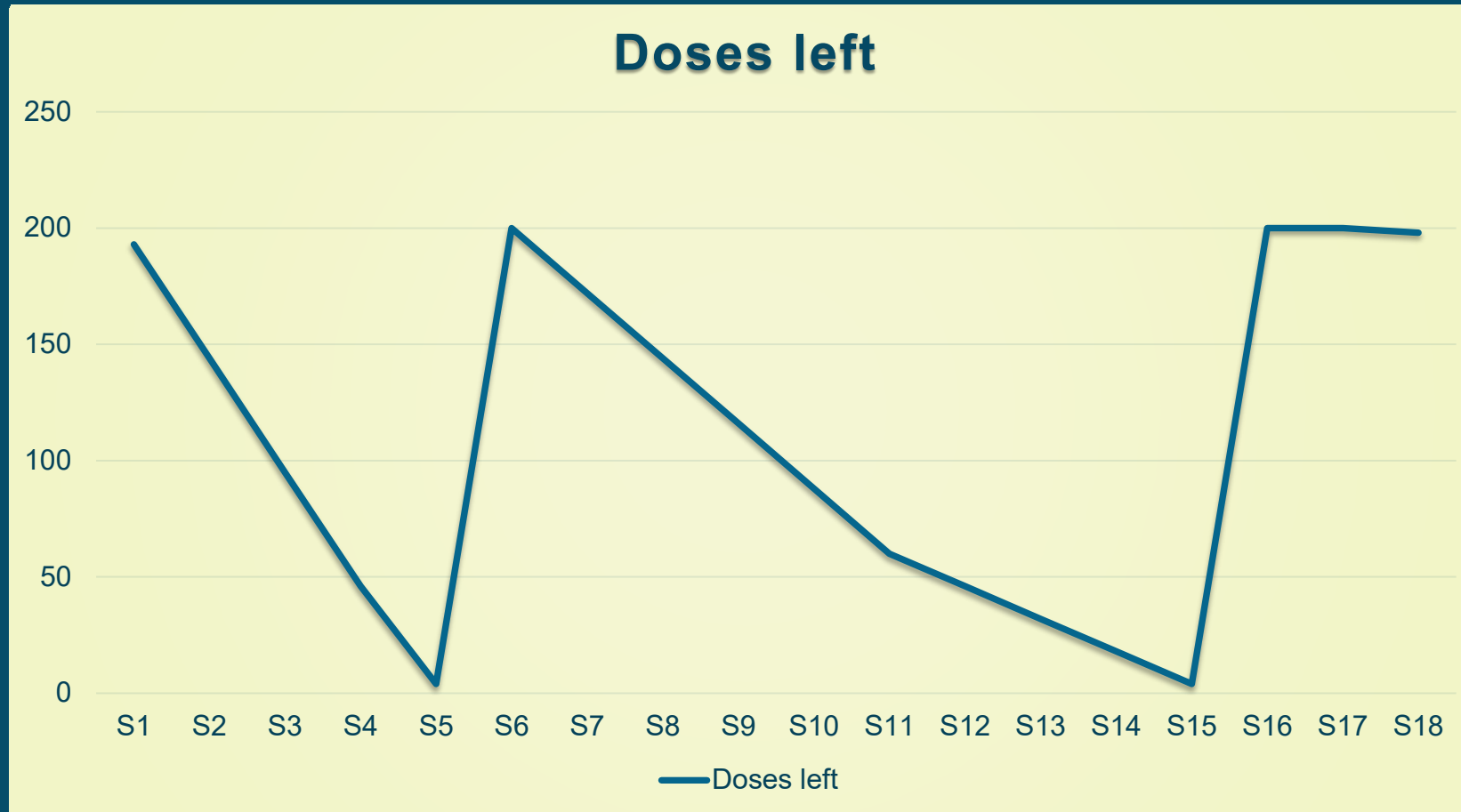
Step 5: Monitor and Evaluate Treatment Outcomes and Revise Case Conceptualization as Necessary

- Idiographic assessment
 - Top Problem ratings
 - Self-monitoring
 - Physiological/cognitive symptoms following peer interactions
 - Number of times sits with peers at lunch
 - Clinician asked Selene to bring inhaler to each visit to check on doses used
- Nomothetic assessment: Parent/child RCADS every four weeks

Days Sitting with Peers/Friends at Lunch Each Week



Metered Dose Inhaler Use (200 Puffs Per Inhaler)

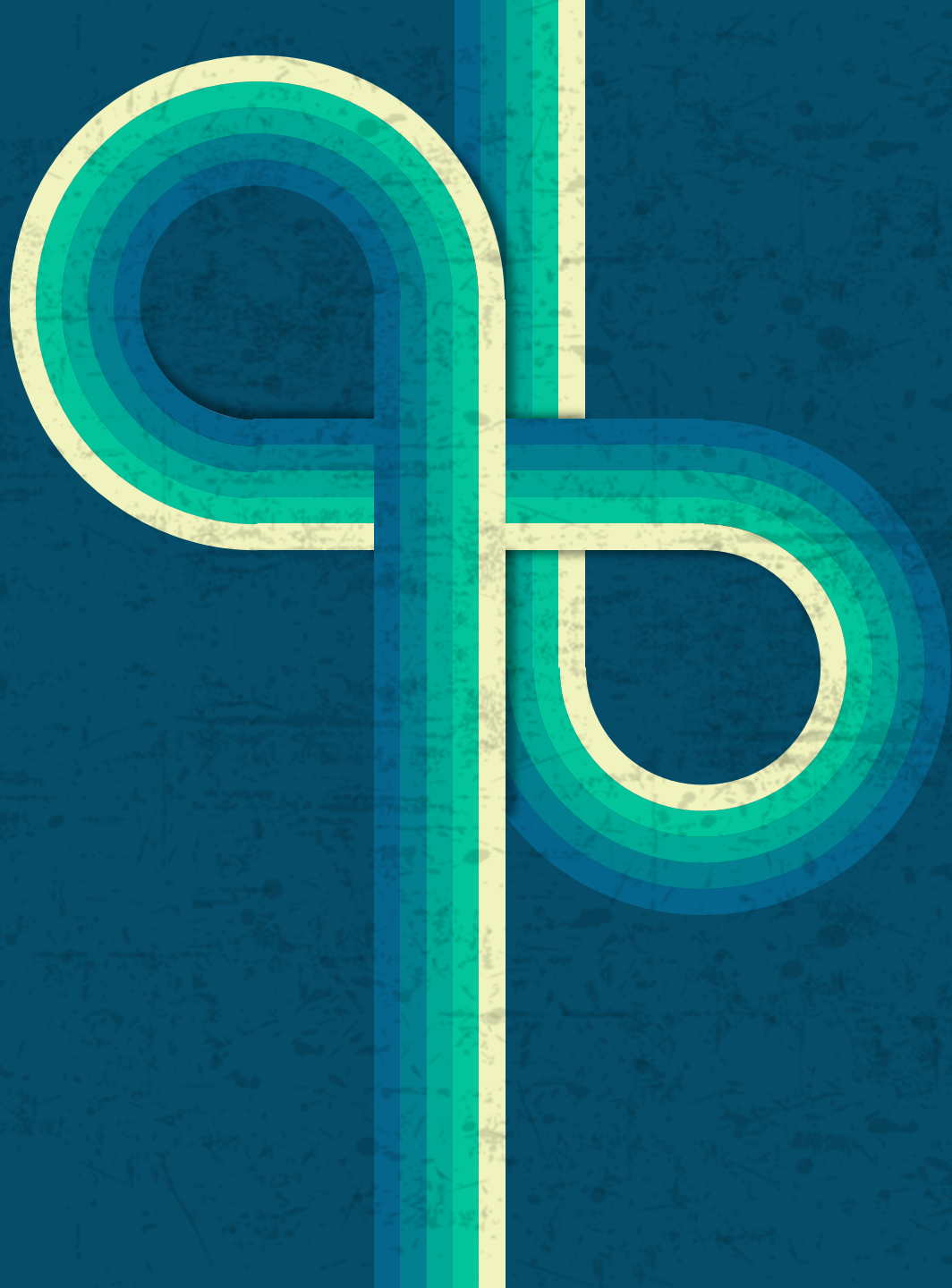


Termination

- Evaluate treatment effectiveness (pre/post)
- Re-administer diagnostic instruments administered at intake
 - Nomothetic tools: Standardized rating scales, structured diagnostic interviews
 - Idiographic tools: Self-monitoring, Top Problems

Termination

- After 18 sessions, the clinician sees substantial improvement in Selene's symptoms and functioning:
 - Regularly interacting with peers
 - Top Problem ratings show she is meeting new friends, feeling less anxious at school, and that her grades are improving
 - Family's ratings on the RCADS have fallen below the clinical threshold
 - She is using her inhaler with activity, and not multiple times per day
- Clinician decides to prepare the family for termination



Thank you!
Questions?