

## Case Conceptualization

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## The First Step in EBP

- Aids with choosing and then tailoring techniques to particular cases
- Guides pacing, implementation, and evaluation of progress
- Provides guidance and flexibility for therapy

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## What is Case Formulation?

- Dynamic, ongoing process of developing and testing hypotheses
- The hypotheses regard what variables serve as causes, triggers, or maintaining factors for a person's problems
- An idiographic theory based on a nomothetic theory
- A "patient story"

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## Keys to Good CF

- Keep it as simple as possible
  - Don't needlessly complicate things
- Keep an open mind
  - Look for alternative explanations and be ready to discard hypotheses as needed

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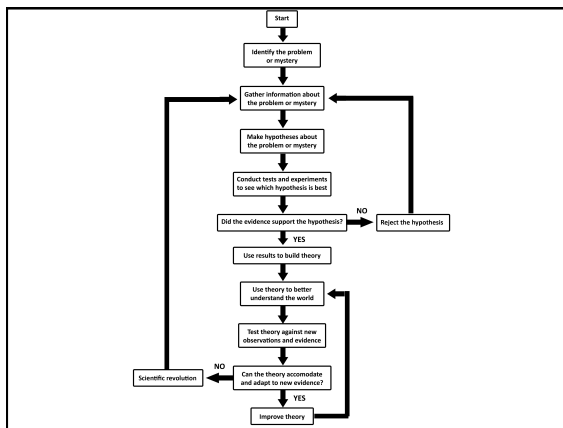
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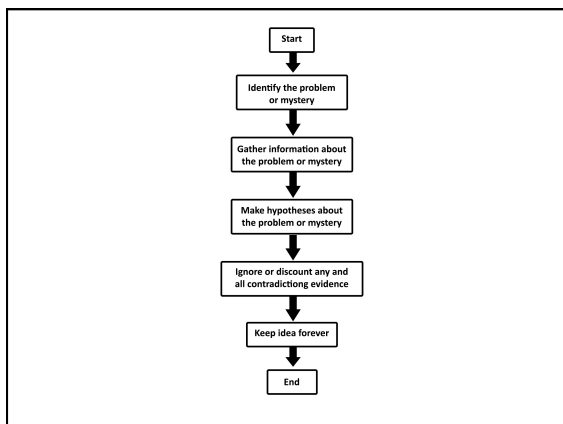
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## CF and Treatment Planning

- Your case formulation informs and guides your treatment plan
- *Why* someone has problems can tell you *how* to help fix those problems
- Will tell therapist what techniques to use at what time, in what way

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### CBT formulation improves CBT practice by:

- Linking theory, research and practice
- Normalising problems and increasing empathy
- Organising large amounts of complex information
- Enabling high quality supervision

### CBT formulation informs intervention by:

- Selecting, focussing and sequencing interventions
- Suggesting a person's preferred way of changing
- Suggesting likely 'therapy-interfering behaviours'
- Enabling the simplest and most cost-efficient interventions

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## CF and Diagnosis

- Diagnostic systems are descriptive, symptom-based and atheoretical
- CF are highly personalized, theory-derived, etiological, and explanatory
- CF subsumes diagnostic formulations

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### The CF “Wardrobe”

- There are many components that should be accounted for in a solid case formulation
- Fitting these together properly can give a useful, “dressed up” picture of a client

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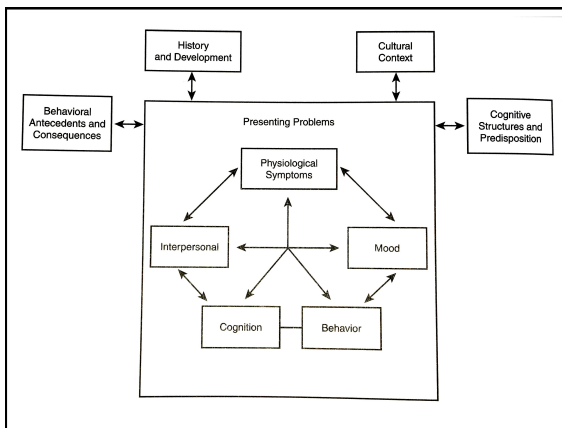
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### Presenting Problems

- Typically divided into following aspects
  - Cognitive
  - Physiological
  - Behavioral
  - Emotional
  - Interpersonal
- This allows you to move from a general (diagnostic) to a specific (case) problem

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GENERAL PRESENTING PROBLEM

Low self-esteem

PARTICULAR COMPONENTS

*Behavioral:* Shying away from novel tasks and new people, crying, difficulty persisting in a frustrating task, and passivity

*Emotional:* Sadness, anxiety, irritability

*Interpersonal:* One or two friends, repeated criticism by father

*Physiological:* Stomach cramps, headaches, and sweating

*Cognitive:* "I'm no good at most things. People think I'm a jerk. My dad thinks I'm no good."

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### The Importance of Data

- Informs and supplements interviews
- Using behavioral measures, self- or parent-reports, and other data is critical
- Allows for checking progress across time and testing hypotheses from the CF

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### Socio-Cultural Context

- Family practices are greatly shaped by cultural forces, so these need to be considered in CF
  - Ethnicity / racial identity
  - Religion
  - Acculturation

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**TABLE 2.1. Sample Questions Addressing Cultural Context Issues**

- What is the level of acculturation in the family?
- How does the level of acculturation shape symptom expression?
- What characterizes the child's ethnocultural identity?
- How does this identity influence symptom expression?
- What are the child and family thinking and feeling as a member of this culture?
- How do ethnocultural beliefs, values, and practices shape problem expression?
- How representative or typical is this family of the culture?
- What feelings and thoughts are proscribed as taboo?
- What feelings and thoughts are facilitated and promoted as a function of ethnocultural context?
- What ethnocultural-specific socialization processes selectively reinforce some thoughts, feelings, and behaviors but not others?
- What types of prejudice and marginalization has the child/family encountered?
- How have these experiences shaped symptom expression?
- What beliefs about oneself, the world, and the future have developed as a result of these experiences?

### History & Development

- Key component of understanding *how* a problem developed
- Knowledge of developmental level (cognitive and physical) is key to tailoring treatment
- Also provides critical info on caregivers and their ability to participate in treatment

### History and Development Areas

- Health history and prior treatments
- Developmental milestones
- School and peer relationships
- Family relationships
- Disciplinary practices
- Substance use (child and parents)
- Legal issues

### Cognitive Variables

- Cognitive products (automatic thoughts)
  - Easily identified and accessed
- Cognitive structures (schemata)
  - Core organizing beliefs / personal meanings
- Cognitive processes
  - Distortions, avoidance, compensation

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### Behavioral Aspects

- **A → B → C**
- Antecedents may either directly elicit (classical conditioning) *or* set the stage for behavior to occur (discriminative stimuli)
- Reinforcers and punishers serve to strengthen or weaken chances a behavior will repeat

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### Provisional Formulation

- CF process begins by gathering data about the various components
- You then see how they relate to one another – the relationships between the pieces
- This gives you the child's story – their idiographic psychological portrait

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### WOW BOX 2.1. Key Steps in a Provisional Case Formulation

- Define the presenting problems into discrete components.
- Integrate test data.
- Incorporate cultural context variables.
- Include meaningful historical and development milestones.
- Address cognitive structure (schema) and as well as schema processes (compensation, maintenance, avoidance).
- Mindfully identify behavioral antecedents (discriminant stimuli) and consequences (positive reinforcers, negative reinforcers, response cost procedures).

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## Treatment Plan & Obstacles

- Your CF guides the development of the treatment plan, allowing you to tailor nomothetic EBTs to individuals
- CF can also help you identify likely obstacles in treatment - “therapy interfering behaviors”

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