CASE CONCEPTUALIZATION AND TREATMENT PLANNING

Week 4

1. Case Conceptualization

Overview of Case Conceptualization

1. *Introduction to client*
2. *Presenting concern*
3. *Background information*

    1) Ecomap, 2) History of trauma and abuse, 3) Substance use and abuse, 4) Precipitating events, 5) Related historical background

4. *Client/Family Protective and Risk Factors 1) Belief Systems, 2) Role models, 3) Organizational patterns, 4) Social Support System, 5) Economic Resources 6) Reactivation of past events, and 7) Spirituality*
5. *Family Structure*

    1) Intergenerational Patterns- Genogram 2) Family life cycle stage 3) Boundaries 4) Triangles/coalitions 5) Hierarchy between parents and children 6) attachment patterns for families with a child 7) Interactional patterns

6. *Solution-Based Assessment*

1. Introduction to Client

- Identifying **who the client is:**
  - *Individual*
  - *Couple*
  - *Family*
- Identifying most salient demographic features that relate to treatment:
  - *Age*
  - *Ethnicity*
  - *Gender*
  - *Sexual orientation/HIV status*
  - *Current occupation (work status/grade in school)*

2. Presenting Concern(s)

- How all parties involved are defining the problem

- Collaborative therapy
  - *Each person involved has a different definition of the problem.*
  - *Allows therapist to remain adaptable and creative*
  - *Honor each person's perspective and refer to it throughout treatment*

- Should include:
  - *Reason each client states he/she is in counseling or why referred*
  - *Information from referring agent and their description of problem*
  - *A brief history of the problem and family*
  - *Descriptions of attempted solutions and outcomes*
  - *Any other relevant problem related information*

Presenting Concern(s)

PRESENTING CONCERN(S)

Describe each significant person's description of the problem:

Identifier: _____

Identifier: _____

Identifier: _____

Identifier: _____

Additional: _____ Broader System: Description of problem from extended family, referring party, school, legal system, etc.:

Extended Family: _____

Name: _____

Name: _____

3. Background Information

- Traditionally included is:
  1)Ecomap
  2)History of trauma and abuse
  3)Substance use and abuse
  4)Precipitating events
  5)Related historical background

- Recommended that this information be written in a **positive** and **hopeful** light.

BACKGROUND INFORMATION

Trauma/Abuse History (recent and past): _____

_____

Substance Use/Abuse (current and past; self, family of origin, significant others): _____

_____

Precipitating Events (recent life changes, first symptoms, stressors, etc.): _____

_____

Related Historical Background (family history, related issues, previous counseling, medical/mental health history, etc.): _____

_____

4. Client/Family Risk/Protective Factors

Table 1.1 **Family Risk and Protective Factors**

Risk Factors	*Protective Factors*
Belief Systems	
Lack of sense of "we" in terms of the family	Relational perspective
Lack of trust	Trust of family, loyalty, affection
Lack of self-efficacy	Self-efficacy, mastery
Negative cultural beliefs	Appropriate cultural beliefs
Lack of developmental perspective	Developmental perspective
Demoralization	Sense of coherence
Fatalistic views	Hope, courage, perseverance
Blaming and Scapegoating	Recognition of complex patterns
All-or-nothing thinking	Recognition of what is possible
Negative aspects of spirituality	Transcendent beliefs that promote meaning
Role Models	
Ineffective role models	Role models of strength
Organizational Patterns	
Lack of cohesion, rigidity	Cohesion, flexibility
Lack of effective leadership, chaotic or abusive power	Effective leadership
Ineffective communication	Clear, open communication
Conflict	Positive interactions, mutual support, trust
Ineffective problem-solving/coping strategies	Effective PSC strategies
Lack of sense of humor	Humor
Social Support System	
Lack of social support	Social support
Economic Resources	
Poverty	Adequate resources
Community Context	
Poverty, lack of economic and educational opportunities	Economic/educational opportunities
Reactivation of Past Events	
Evidence of weakness and unresolved conflict	Evidence of strength/family support

5. Assessment of Family Structure

- Can be used with individuals, couples or families
- Includes:
  1) Intergenerational Patterns- Genogram
  2) Family life cycle stage
  3) Boundaries
  4) Triangles/coalitions
  5) Hierarchy between parents and children
  6) attachment patterns for families with a child
  7) Interactional patterns

5. 1) Genogram-Intergenerational Patterns

Easiest when using a **genogram.**

Patterns often included in genograms:

- *Family strengths and resources*
- *Substance and alcohol abuse and dependence*
- *Sexual, physical, and emotional abuse*
- *Personal qualities and/or family roles; complementary roles*
- *Physical and mental health issues (e.g., diabetes, cancer, depression, psychosis, etc.)*
- *Historical incidents of the presenting problem, either with the same people or how other generations and family members have managed this problem*

5. 2) Family Life Cycle

- Family life cycle stage
  - *Assessment of family structure often begins with this.*
- The stages include:
  - *Leaving home—the single adult*
  - *Committed relationship*
  - *Families with young children*
  - *Families with adolescent children*
  - *Divorce*
  - *Blended families*
  - *Launching children*
  - *Family in later life*

5. 3) Boundaries

- Boundaries **regulate closeness and distance.**
  - *This concept came from Structural Family Therapy*
  - *The* **rules for negotiating** *interpersonal closeness and distance*
  - *Strongly influenced by* **culture**
  - *Can be clear, diffuse, or rigid*

5. 3) Boundaries

Clear boundaries

- *Negotiation of a healthy balance between closeness and separation*

Diffuse boundaries and enmeshed relationships

- *When couples or families overvalue togetherness at the expense of respecting each other's individuality*

Rigid boundaries

- *When couples or families privilege independence over togetherness*

Culture and boundaries

- *Collectivist cultures: more closeness*
- *Individualistic cultures: value greater independence*

Questions for Assessing Boundaries
(slide 1 of 2)

- The following are sample questions to think about while working with an individual, couple, or family to assess boundaries:
  - *Assessing Boundaries in Couple Relationships*
    - Does the couple have clear boundaries that are distinct from their parenting and family of origin boundaries?
    - Does the couple spend time alone not talking about the children?
    - Does the couple report an active sex and romantic life?
    - Does the couple still feel a sense of connection apart from being parents?

- *Assessing Boundaries in Couple, Family, and Social Relationships*
  - Does one or more persons experience anxiety or frustration when there is a difference of opinion?
  - Is one hurt or angry if another has a different opinion or perspective on a problem?
  - Do they use "we" or "I" more often when speaking? Is there a balance?
  - Does each person have a set of personal friends and activities separate from the family and partnership?
  - How much energy goes into the couple/family versus outside relationships?
  - What gets priority in each person's schedule? Children? Work? Personal activities? Couple time? Friends?

5. 4) Triangles and Coalitions

- Tension between two people is resolved by drawing in a third person to stabilize the original dyad.
  - *May include inanimate objects or processes as "third"*
    - Ex: Drinking, drug use, work, house, mental illness, etc.
- Assessed in several ways:
  - *Client overtly describes another as playing role in their tension.*
  - *Finding an unmet need in a third party*
  - *When therapy is "stuck," there is often a triangle at work.*

5. 5) Hierarchy Between Child and Parent

- Is hierarchy developmentally and culturally appropriate?
- Assessing hierarchy tells therapists where and how to intervene.
  - *Excessive- Rules are too strict and unrealistic*
  - *Insufficient- ineffective in managing the child's behavior; permissive parenting style*
  - *Effective- be able to set boundaries and limits; maintain emotional connection*
  - *Inconsistent- sometime effective, sometimes not effective*
- Can be helpful to consider the balance of roles within the parental subsystem.
  - *Business roles (setting rules, socializing)*
  - *Personal roles (warmth, fun, caring, play)*

5. 6) Attachment Patterns for Family with Children

- Often central in psychodynamic and Emotionally Focused Therapy approaches

- Four categories of attachment:
  - *Secure*
  - *Anxious and hyperactivated*
  - *Avoidance- Suppress attachment needs and focus on unrelated tasks or other distractions*
  - *Combination anxious and avoidant*

5. 7) Interactional Patterns to Problem

- Problem Interaction Pattern- theories (Satir Growth model, Symbolic-Experiential, Emotionally Focused therapy, etc.)

- One of hallmarks of family therapy.

- Therapist traces reciprocal relation patterns.
  - *Ex: How person A responds to person B and vice versa*

- Three phases:
  - *Start of tension*
  - *Conflict/symptom escalation*
  - *Return to normal/homeostasis*

Assessing Interactional Pattern

Example- Parents and a son with tantrums

- Step 1- Ask, "Please give me description of what happen at the beginning of tantrums."

- Step 2- For example, mother will probably start by saying, "my son often throws tantrums at home toward me and his sister." She describes how her son is doing and what's happening. (1st-Start of tension)

- Step 3. Ask "what is your response to the tantrum." "How does the father respond?" "How does your son respond to your (his father's) response." "How does you respond to your husband's response to your son? (2nd-Conflict/symptom escalation)

- Step 4. Keep asking sequence until things get back to normal or/and find out the way of getting back to normal. "After my son throws a tantrum. He usually calm down before going to bed." (3rd- Homeostasis)

- Step 5. Document this in summary

5. 7) Interactional Patterns

INTERACTIONAL PATTERNS

Primary Pathologizing Interpersonal Pattern (PIPs; A ⇋ B): Describe dynamic of primary PIP:

☐ Pursuing/Distancing ☐ Criticizing/Defending ☐ Controlling/Resisting
☐ Other: _____

Problem Interaction Pattern (A ⇋ B):

Start of tension: _____

Conflict/symptom escalation: _____

Return to "normal"/homeostasis: _____

Hypothesized homeostatic function of presenting problem: How might the symptom serve to maintain connection, create independence/distance, establish influence, reestablish connection, or otherwise help organize the family?

_____

_____

6. Solution-Based Assessment

Solution-Based Family Therapy Assessment

■ Address previous solutions that *did not* work.

■ Address previous solutions that *did* work.

- *Exceptions and unique outcomes*
- *Difficult because most clients are unaware of when the problem was not a problem*

■ Miracle question

Solution-Based Assessment

SOLUTION-BASED ASSESSMENT

Attempted Solutions that DIDN'T work:

1. _____

2. _____

3. _____

Exceptions and Unique Outcomes (Solutions that DID work): Times, places, relationships, contexts, etc. when problem is less of a problem; behaviors that seem to make things even slightly better:

1. _____

2. _____

3. _____

Answer to the Miracle Question: If the problem were to be resolved overnight, what would client be doing differently the next day? (Describe in terms of doing X rather than not doing Y).

1. _____

2. _____

3. _____

2. Treatment Planning

A Brief History (slide 1 of 2)

- Treatment planning came from the medical field.

Symptom-based treatment plans

- Focus solely on client's medical symptoms.

- These plans are relevant to those in the medical community; they do not help therapists conceptualize treatment in the most useful ways.

- Danger of symptom-based treatment planning is that the therapist will underutilize theory, focus on symptoms, and forget to assess the larger picture.

A Brief History (slide 2 of 2)

Theory-based treatment plan

■ Uses theory to create more clinically-relevant treatment plans than the symptom model offers.

■ Difficult for most students to address diagnostic issues and clinical symptoms in these theory-based plans because the language of these two systems is radically different.

Solution

■ A new "both/and" model, called the "clinical treatment plan," which draws from the best of theory-based and symptom-based treatment plans and adds elements of measurability

Clinical Treatment Plans

- Provide a straightforward, comprehensive overview of treatment.
  - *Includes the following parts:*
    - Introduction
    - Presenting concerns
    - Background Information
    - 3 theories you have chosen for the case
    - Therapeutic tasks (based on theories)
    - Client goals
    - Interventions (Evidence-Based Practice= Theory-based= Theory-driven intervention)

Committing to a Theory

- Choosing appropriate theories that enables the family overcome problems and strengthen their resilience is a key to success of family therapy.

- Mastering one theoretical approach and the **underlying philosophical assumptions** enables deeper understanding of other theories.

- Allows for integration and adaptation of ideas from other approaches while staying **philosophically consistent** with one's (therapist) own approach.

Writing Useful Therapeutic Tasks

Initial phase

- Establish a therapeutic relationship.
- Assess individual, family, and social dynamics.
- Develop treatment goals.
- Case management:
  - *Refer for medical/psychiatric evaluation; connect with needed community resources.*
- Rule out substance abuse, violence, and medical issues.

Working phase

- Monitor the working alliance.
- Monitor client progress.

Closing phase

- Therapist makes themselves "unnecessary" in the client's life.

Goals and Objectives

Goal # 1: Strengthening Financial Management

Objective 1: Explore various levels of financial assistance within 4 weeks

- **Intervention 1** Warren family will discuss financial hardships within sessions and family and worker will come up with a plan of what kinds of support they believe they need and then the worker will communicate and work with the family's case manager to connect Mr. Warren and his family to those supports.

- **Intervention 2** The worker will work with the family's case manager to connect Mr. Warren with information to assistance programs that he qualifies for

- **Intervention 3** The worker will work with the Hope Family Care for financial relief of Mr. Warren's utility bills

Diversity and Treatment Tasks

- For each treatment task, you should also note how you will address diversity issues such as culture, ethnicity, race, sexual orientation, gender orientation, religion, language, ability, age, gender.
  - *Examples:*
    - Use of humor with teens and men
    - Use of personalismo with Hispanic/Latino clients
    - Including spirituality and religious believes and resources
    - Use of present-focused, problem-focused approaches with clients who do not value exploring the past
    - Assessing family of choice with gay, lesbian, bisexual, or transgendered clients

Preparatory Steps to Writing Useful Client Goals

- **Step 1:** Complete a thorough case conceptualization and clinical assessment.

- **Step 2:** Identify any crises or pressing issues that need to be managed early in treatment.

- **Step 3:** Identify two to three themes from the case conceptualization and clinical assessment.

- **Step 4:** Identify the long-term theoretical goals from the theory of choice.

- **Step 5:** Use the above to complete a Goal Writing Worksheet.

The Goal Writing Process

Three basic components:

- *Start with a key concept or assessment area from the theory of choice.*

  - Start with "increase" or "decrease," followed by a description using language from the chosen theory about what is going to change (this comes from the case conceptualization).

- *Link to symptoms.*

  - Describe what symptoms will be addressed by changing the personal or relational dynamic (this comes from the clinical assessment).

- *Use the client's name*

  - Using a name (or equivalent confidential notation) ensures that it is a unique goal rather than a formulaic one.

Writing Measurable Goals

- Most third-party payers require goals be "measurable."
  - *The client and therapist should know when the goal is achieved.*
  - *Starting the goal with "increase/decrease" helps in this effort.*
  - *Specify criterion for goal to be met.*
    - Ex.: Able to sustain _____ for a period of _____ ❒ weeks ❒ months.