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

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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).
“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)
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"
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
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
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