Person-Centered Planning: Case Conceptualizations

WHY CASE CONCEPTUALIZATION MATTERS

Individuals with autism spectrum disorder (ASD) have high rates of co-occurring mental health disorders. Although people may seek treatment for a specific concern, the issue that brings someone to therapy is often only the **"what"** rather than the **"why."**

For example, a therapist may begin with the following description: *John is a 20-year-old with ASD, anxiety, and depression.* While this information is important, it is only the starting point for treatment. A case conceptualization helps the therapist understand the factors underlying the concerns that bring someone to treatment.

For example:

- Why does John have difficulty making friends?
- Why does he lose his temper so easily?
- Why does he avoid leaving his room?
- Why does he seem sad much of the time?

Understanding these questions can help the therapist determine where to begin treatment and which concerns may be connected.

WHAT IS A CASE CONCEPTUALIZATION?

The concerns that bring someone to therapy can be thought of as ingredients, and a case conceptualization is the recipe. It provides a framework for understanding why a person is experiencing particular difficulties and how those difficulties may be related. This framework can help therapists make decisions about treatment. For example:

- Which concern is most important to the individual?
- Which concern has the greatest impact on the individual's quality of life?
- Should multiple concerns be addressed at the same time, or one at a time?
- If treatment begins with one concern, is there a particular order that makes sense?

A good case conceptualization helps answer these questions and provides a roadmap for treatment.

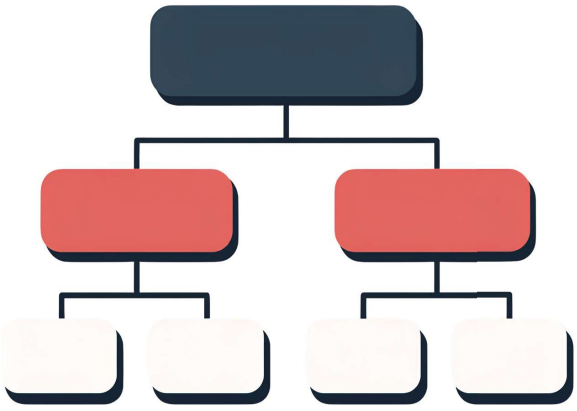
DEVELOPING A CASE CONCEPTUALIZATION

A case conceptualization is an ongoing process rather than a one-time task. The following steps can guide its development:

1. **Collect information from multiple sources.** Gather information through clinical interviews, self- and other-report questionnaires, self-monitoring data (such as daily behavior or mood tracking), and reports from family members and other treatment providers.
2. **Identify current concerns and their triggers.** Develop a comprehensive list of the individual's presenting problems and identify situations, events, or other factors that may trigger or contribute to those problems.
3. **Develop working hypotheses.** Use a specific theoretical framework, such as functional-behavioral or cognitive-behavioral theory, to develop hypotheses about why the concerns are occurring. Then personalize these hypotheses based on the individual's experiences and circumstances.
4. **Begin interventions based on the hypotheses.** Use the case conceptualization to guide treatment and determine appropriate interventions.
5. **Monitor progress.** Evaluate whether the individual is responding to treatment as expected and whether the changes observed support the original hypotheses.
6. **Revise the hypotheses as needed.** Update the case conceptualization when new information emerges or when treatment outcomes differ from what was expected.

Person-Centered Planning: Case Conceptualizations

KEEPING THE PROCESS COLLABORATIVE AND PERSON-CENTERED



Case conceptualizations can be written as a brief narrative, often in one or two paragraphs, or represented visually in a chart or other format.

Regardless of the format, the process should remain **collaborative and person-centered.** The individual's perspective should help guide the process, including what they consider important and how they understand the relationships among different concerns.

Sharing a case conceptualization with the individual can also be a powerful therapeutic tool. The conceptualization can be adapted to meet the person's level of understanding and can be used with individuals across levels of ASD and intellectual impairment.

REVISITING THE CASE CONCEPTUALIZATION

Being a therapist involves taking a scientific approach to treatment. Therapists develop hypotheses, use those hypotheses to guide interventions, monitor outcomes, and revise their understanding based on what they observe.

When therapists feel unsure about what to do next, or when they feel as though they are simply responding to symptoms or the newest crisis, it may be time to revisit the case conceptualization.

A strong case conceptualization should remain flexible. As new information becomes available and the individual responds to treatment, the conceptualization may need to change. Revisiting it helps ensure that treatment continues to be guided by an individualized understanding of the person and their needs.

The ASERT Collaborative is funded by the Office of Developmental Programs, PA Department of Human Services

Person-Centered Planning: Case Conceptualizations

Case conceptualizations provide a framework for understanding why a person is experiencing particular difficulties and how those difficulties may be related. This framework can help therapists make decisions about treatment. Progress should be monitored, and the conceptualization should be updated as new information is gathered. The following flowchart illustrates different ways a clinician may conceptualize a patient's concerns and how that conceptualization might impact treatment.

Presenting problem: irritability and verbal aggression in 20-year-old male with ASD Data from multiple sources: moderate ASD, moderate irritability, severe social anxiety and depression, low motivation, low community participation in important activities

Problem list includes: moderate ASD, anger, social anxiety, depression, increased daytime sleeping, no same-age friendships/romantic relationships

Triggers: drastic decrease in community involvement following high school graduation, loss of BHRS services, closest friend recently moved out of state, recent family stressors

HYPOTHESES

Recent stressors within family and significant issues within family dynamics leading to increased isolation in bedroom	Frustration intolerance related to ending a preferred activities and low motivation	Escape behavior in response to social situations where he perceives others as being critical and rejecting	Belief that he is incompetent and a failure following high school graduation leading to decreased interest in social interactions

INTERVENTIONS

• Family therapy • Referral for caregivers for individual therapy to target mental health issues	• Individual therapy with exposures for frustration tolerance • Behavioral therapy for parents	• Individual therapy with exposures to social situations • Cognitive restructuring	• Individual therapy with behavioral activation targeting important community activities • Cognitive restructuring
Monitor irritability and family stressors; expect it to decrease with increased social activity outside of the home		*Monitor anxiety; expect it to increase with increase social activity and introduce exposures as needed*	Increase community engagement in self reported important activities to improve motivation and mood

The ASERT Collaborative is funded by the Office of Developmental Programs, PA Department of Human Services