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Social Cognitive Personality Assessment: A Case Conceptualization Procedure and Illustration

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Although social cognitive theory has strongly influenced cognitive behavioral models of psychopathology and treatment, it has had far less influence on approaches to clinical personality assessment and case conceptualization. A primary obstacle has been the difficulty of translating social cognitive assessment principles into practical clinical assessment methods. The purpose of the present paper was to describe a cognitive behavioral case conceptualization procedure informed by a social cognitive personality assessment, one that the average cognitive behavioral therapist would be able to implement. To execute a social cognitive personality assessment, we argue that the clinician must perform four tasks: (a) identify personality structures, (b) identify if-then personality signatures, (c) map personality structures to if-then personality signatures, and (d) integrate social cognitive assessment data to form an evidence-based case conceptualization. For each of these four social cognitive personality assessment tasks, we describe an assessment procedure and then illustrate it using a case illustration of a depressed and anxious woman who presented at a psychology clinic. We conclude by discussing advantages, limitations, and possible future directions for further development of social cognitive personality assessment measures and case conceptualization procedures.

As one of the two major approaches in contemporary personality science (Caprara & Cervone, 2000), social cognitive theory has had a tremendous influence on cognitive behavioral approaches to clinical psychology. In addition to informing etiological models of psychopathology (e.g., Rehm, 1988; Williams, 1990), one of the major architects of social cognitive theory, Albert Bandura, has been described as the "intellectual grandfather" of cognitive behavioral therapies (Meichenbaum, 1990, p. 99). In contrast, social cognitive theory has had less influence on approaches to clinical personality assessment and case conceptualization (Shadel, 2004). For instance, there is not a single reference to social cognitive assessment methods in either recent personality assessment publications (e.g., Beutler & Groth-Marnat, 2003; Groth-Marnat, 2009; Wiggins et al., 2003) or case conceptualization reviews (Bieling & Kuyken, 2003; Mumma, 2011).

From a social cognitive perspective, personality is conceptualized as a stable yet dynamic cognitive-affective system (Bandura, 1986; Cervone, 2004a; Mischel &

Shoda, 1995, 2008). The units of analysis in this system are basic cognitive and affective personality structures (including temperament, self-schemas, and goals), which are relatively enduring aspects of the person that have developed over time through complex interactions between genetics and social experiences. Activated in particular contexts, these cognitive/affective structures give rise to characteristic patterns of thinking, feeling, and behaving that distinguish the person. Importantly, different situations activate different cognitive and affective personality structures within the person, leading to different patterns of thinking, feeling, and behaving. Personality, then, is revealed not in cross-situational consistencies but rather in "distinctive pattern(s) of "if... then... behavioral signatures" (Mischel, 2004, p. 192).

Cognitive behavioral therapists might view with some skepticism the notion that personality science can inform case conceptualization practices. Although the trait approach, which relies on units of analysis that are context-free general dispositions (i.e., extraversion-introversion, neuroticism-emotional stability, agreeableness-antagonism, conscientiousness-lack of direction, open vs. closed to experience), may be less germane to the cognitive behavioral therapist who is interested in situated patterns of human thinking, feeling, and behaving, social cognitive personality science is "extremely germane" to such efforts (Mischel, 2004, p. 187). Case

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conceptualization seeks to identify the causal mechanisms explaining problem behaviors occurring in specific contexts (Kuyken, Fothergill, Meyrem, & Chadwick, 2005; Persons, 2005). Directly pertinent to identifying and understanding these causal mechanisms is social cognitive personality theory, which draws across psychology's subdisciplines to identify the basic cognitive and affective mechanisms influencing contextualized patterns of thinking, feeling, and behaving (for reviews, see Bandura, 1997; Cervone, 2004a; Mischel & Shoda, 1995, 2008). This shared emphasis on context in both cognitive behavioral and social cognitive theory is neglected in both traditional clinical (e.g., MMPI-2; Helmes & Reddon, 1993) and contemporary trait (e.g., McCrae & Costa, 2008) personality assessment approaches.

Social-cognitive theory has had minimal influence on personality assessment and case conceptualization practices despite significant recent developments in theoretically driven assessment principles and strategies (Cervone, Shadel, & Jencius, 2001; Mischel, 2004; Shoda, Wilson, Chen, Gilmore, & Smith, 2013). Nonetheless, even these recent advances, in and of themselves, are insufficient for the practicing cognitive behavioral clinician. First, the translation of social cognitive assessment principles has been limited to research programs addressing specific questions, such as identifying coherence in efficacy appraisals (Cervone, 1997; Shadel, Cervone, Niaura, & Abrams, 2004) and specific stress and coping signatures (Shoda et al., 2013). The cognitive behavioral clinician requires a more comprehensive depiction of the variables contributing to clinical problems (Persons, 2005). Second, although some investigators have translated social cognitive assessment principles into methods—for example, Shoda et al.'s (2013) employment of hierarchical linear modeling to reveal stress vulnerability signatures—these efforts are not easily utilized by the average cognitive behavior therapist (i.e., conducting and interpreting hierarchical linear modeling analyses).

In this paper, our aim is to present a social cognitive personality assessment procedure that the average cognitive behavioral therapist can implement. Therefore, we will describe four tasks we believe are essential to conducting a social cognitive personality assessment procedure. After describing each task, we illustrate how one executes the assessment task with a case illustration. We hope that this case illustration will further assist cognitive behavioral clinicians who want to use social cognitive personality assessment methods in their practice. Finally, we discuss advantages, limitations, and possible future directions for further development of social cognitive personality assessment.

A Social Cognitive Personality Assessment Procedure for Case Conceptualization

To implement a social cognitive personality assessment, we argue that the clinician must perform four tasks (cp. Cervone, 2004b):

1. *Identify personality structures*: The clinician must systematically assess the enduring personality structures central to a given individual.
2. *Identify if-then personality signatures*: The clinician must identify the situations, or social contexts, of particular relevance to an individual's psychological life and the associated personality processes (i.e., characteristic thoughts, feelings, and coping behaviors).
3. *Map personality structures to if-then personality signatures*: The clinician must identify the particular personality structures that most strongly bear upon each social context, and that directly influence the characteristic personality processes ensuing in that context.
4. *Integrate social cognitive assessment data in case conceptualization*: The clinician must then construct an evidence-based model of the personality structural dynamics that operate to influence personality processes in the most problematic situations; these dynamics serve as the logical target of intervention efforts.

Before proceeding with a description of how one accomplishes each of these steps, we first present some basic information about our clinical case.

Clinical Case: S.L.'s Presenting Problems

The case we used to illustrate our social cognitive personality assessment method was S.L., who was a 55-year-old, European American, divorced female with a high school education. S.L. self-referred to a psychology clinic stating that she was "depressed ... nervous and anxious, [for] most of her life" and wanted "to get [her] life back on track." Although she was unable to describe what precipitated early feelings of depression and anxiety, S.L. reported that her father died when she was 9 years old. Further, she described her stepfather as "emotionally" abusive to herself, and as having molesting her older sister. She recalled that her depression worsened at the age of 25 during her first marriage, which she described as "abusive, physically and emotionally." At the age of 28, S.L. divorced and then remarried a year later. Although her depression lessened initially, S.L. felt "more depressed" as this second marriage also became gradually "emotionally abusive," and she eventually divorced at the age of 42. For the past 13 years S.L. has been single and has continued to struggle with depression. She sought

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