

## Evidence-Based Assessment Meets Evidence-Based Treatment: An Approach to Science-Informed Case Conceptualization

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*Though case conceptualization is considered to be a component of evidence-based practice, the case conceptualization process is not always guided by scientific findings. Case conceptualization is a collaborative process of generating hypotheses about causes, antecedents, and maintaining influences for an individual client's problems within a biopsychosocial context. We argue that adopting a scientific approach to case conceptualization informed by research findings and evidence-based assessment tools can help inform clinical decision-making from intake to treatment termination. Our approach to case conceptualization involves 5 stages. In the first stages, a clinician synthesizes and integrates research evidence from various literatures to identify presenting problems and causal and maintaining factors (Stage 1), to classify diagnoses (Stage 2), to inform the development of hypotheses about variables contributing to a client's problems (Stage 3), and to select a treatment approach and plan (Stage 4). In the final stage, the clinician takes a scientific approach to developing individualized assessment methods that can be used to test and revise hypotheses through the treatment process and to measure outcomes (Stage 5). A case example illustrating practical use of these steps is presented.*

WE are currently in an era of evidence-based practice (EBP) that places an emphasis on using scientific findings to inform clinical practice. To increase the quality of mental health care, federal agencies funding treatment research (e.g., National Institute of Mental Health [NIMH], 2008), state mental health agencies (e.g., Jensen-Doss, Hawley, Lopez, & Osterberg, 2009), and professional organizations (e.g., American Psychological Association [APA] Presidential Task Force on Evidence-Based Practice, 2006) have all endorsed the use of EBP in community settings. Generally, EBP encompasses both evidence-based assessment (EBA; Hunsley & Mash, 2007) and evidence-based treatment (EBT) practices (APA, 2006).

Despite the push to incorporate EBP into clinical practice, these efforts have faced practical barriers. The literature is voluminous and it can be challenging to apply research findings to specific clients. Further, there is a history of controversy over the extent to which research studies apply to clients seen in practice settings, as these

clients may not match the characteristics of participants in research studies (Gonzales, Ringeisen, & Chambers, 2002; Persons & Silberschatz, 1998). Given these challenges, it is not surprising that clinicians have mixed attitudes towards using EBP to inform clinical practice (Nelson, Steele, & Mize, 2006). Another factor that may contribute to clinician ambivalence is that they may regard EBP as simply using manual-guided EBTs (e.g., Addis & Krasnow, 2000). However, EBP involves a great deal more than applying treatment manuals. At its core, EBP integrates the best available research, clinician expertise, and client characteristics and preferences (APA, 2006; [www.ebbp.org](http://www.ebbp.org)) to inform clinical decision-making. However, the move toward EBP raises an important question: How can clinicians reasonably integrate research into their clinical practice?

In this paper, we present an approach to case conceptualization that uses scientific findings to guide clinical decision-making. Case conceptualization is defined as developing a complete picture of a client by collecting data that are used to generate hypotheses about the causes, antecedents, and maintaining influences for an individual client's problems within a biopsychosocial context (e.g., McLeod, Jensen-Doss, & Ollendick, 2013a; Nezu, Nezu, Peacock, & Girdwood, 2004). The ability to develop a case conceptualization informed by scientific findings is a critical therapeutic skill required for EBP (APA, 2006).

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Case conceptualization originated with the medical diagnostic approach of Hippocrates and Galen, wherein diagnoses were based on theory and guided by assessment (McLeod et al., 2013a; McLeod, Jensen-Doss, & Ollendick, 2013b). Approaches to case conceptualization in psychology have traditionally relied on etiological theories (e.g., psychoanalytic, behavioral) to guide conceptualization and treatment (McLeod et al., 2013a). Our case conceptualization approach differs in an important way. Instead of adhering to a particular therapy model, we emphasize the importance of (a) incorporating EBA strategies to thoroughly assess factors contributing to and maintaining each presenting problem and to measure outcomes over time; (b) using the theoretical and empirical literature to inform assessment; and (c) accessing the empirical literature to guide treatment selection.

The case conceptualization model presented herein is intended to help guide the treatment process from intake to termination using a hypothesis-testing approach informed by EBA (Hunsley & Mash, 2007). In this paper, the core tenets of EBA are reviewed and advantages of science-informed case conceptualization are discussed. We present clinical guidelines for this approach and, to illustrate its practical use at each stage, a clinical case example.

### **EBA: The Foundation of Science-Informed Case Conceptualization**

Case conceptualization is the backbone of therapy, providing structure at every point of the treatment process; EBA fortifies and supports this backbone. Hunsley and Mash (2007, p. 30) define EBA as “an approach to clinical evaluation that uses research and theory to guide the selection of constructs to be assessed for a specific assessment purpose, the methods and measures to be used in the assessment, and the manner in which the assessment process unfolds.” EBA methods and measures are used to collect, organize, and integrate data on presenting problems and factors that cause or maintain symptoms (McLeod et al., 2013b) and to test hypotheses about these relationships.

In an EBA framework, various assessment measures and methods are needed to inform a case conceptualization. Assessment focuses on (a) symptoms and functioning, (b) mediators — factors accounting for change in the presenting problem (e.g., cognitions), (c) moderators — factors that might influence the course of treatment (e.g., developmental delays), and (d) therapy process factors — client and/or clinician factors that might influence treatment delivery (McLeod et al., 2013b). Within each category, research evidence and theory should be used to identify *what* to target and *how* to assess those targets. A core tenet of EBA is that measures and methods should be selected based on their

reliability, validity, and clinical utility for a given client and assessment purpose (Hunsley & Mash, 2007). To inform the treatment process, this often requires the use of measures pulled from nomothetic and idiographic assessment traditions.

*Nomothetic* strategies are associated with diagnostic assessment and involve comparing an individual client to other individuals by using data from assessment instruments administered in a standardized fashion (Haynes, Mumma, & Pinson, 2009; McLeod et al., 2013b). Nomothetic tools (e.g., rating scales, interviews, structured observations) provide global information about how a client’s symptoms and behavior compare to the larger population, or the degree of fit of a client’s problems with diagnostic criteria (Haynes & O’Brien, 2000). Data from nomothetic measures are often used for screening, assessing symptoms, and determining prognosis.

In contrast, *idiographic* strategies involve tailoring assessment tools to the individual client and comparing the client to him-/herself (Haynes & O’Brien, 2000). These strategies allow the clinician to identify how variables are uniquely patterned within an individual (Ollendick, McLeod, & Jensen-Doss, 2013). Idiographic tools (e.g., functional analysis, direct observation, self-monitoring) are particularly useful for assessing the influence of context on behavior, judging change in target behaviors, and providing specific information needed to form and test hypotheses. Data generated from idiographic tools can help clinicians translate information from the empirical literature for use with individual clients (Haynes et al., 2009).

In sum, developing hypotheses and then testing them are critical components of a scientific approach to case conceptualization, and it is important to use EBA methods to achieve these goals. For further information about using EBA to inform case conceptualization, see McLeod et al. (2013a, 2013b) and Jensen-Doss, Ollendick, and McLeod (2013).

### **Why Should Scientific Findings Inform Case Conceptualizations?**

A case conceptualization informed by scientific findings can help clinicians achieve the goals of EBP by helping to translate research findings into clinical practice for individual clients. Early in treatment, diagnostic information provides access to the psychopathology literature that can help guide assessment (e.g., identify potential risk factors for a given disorder) and treatment planning (e.g., identify potential EBTs). However, a clinician must then determine how to apply information from the empirical literature for use with a particular client. Two clients with the same diagnosis can have distinct symptom profiles that are caused and maintained by different factors. Using EBA, a clinician can build a case conceptualization that takes information

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