

# Ten Things I Wish I Had Known About . . .

## Case Conceptualization

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Case conceptualization is an extremely important part of the therapeutic process that improves therapeutic treatment and outcomes. Unfortunately, it is sometimes overlooked in [MFT](#), [social work](#), and PCC associate training programs. When done well, case conceptualization can provide a useful framework for the therapeutic process; it allows the therapist to develop an effective treatment plan, speak intelligently about their client in supervision and consultation, and collaborate with other professionals. Developing a solid understanding of case conceptualizations will not only help in your clinical practice, but will also help immensely in job interviews and exam preparations. Therefore, it's definitely something you want to learn about and implement in your own practice.

So, what goes into a good case conceptualization?

1. **MENTAL STATUS EXAM:** A mental status exam (MSE) is often described as the psychological equivalent to a physical examination. The MSE includes both objective and subjective observations and is designed to develop a quick snapshot into the presenting status of a client. The MSE can be highly structured, but some clinicians will use a less formal approach. If communicating about your client with another professional, you could mention how you obtained the information, e.g., unstructured clinical interview, structured clinical forms, or combination thereof. The components of an MSE include:
  - Appearance
  - Behavior
  - Cooperativeness
  - Speech
  - Mood
  - Affect
  - Thought content and process
  - Cognition
  - Insight/Judgment
2. **PRESENTING PROBLEM:** The presenting problem refers to the client's perception of the problem or, in other words, what brought them to therapy. It is not what the clinician thinks the problem is. This speaks to the importance of client autonomy and self-determination. Whether you are sitting for the MFT, social work, or PCC exam, you may see questions designed to test you understand the importance of the

client's self-determination and ensure you do not impose your personal beliefs on clients.

3. **HISTORY:** This section of the case conceptualization should include treatment history, medical history, drug & alcohol history, and (with a lengthier focus) relational history. This allows the therapist to consider the contextual factors at play in the client's presenting problem.
4. **DIAGNOSIS:** In most cases, you will start with a provisional diagnosis. Once you complete a comprehensive assessment, you can make a formal diagnosis. The DSM 5 provides the criteria for all mental health diagnoses. Not only do you need to include a diagnosis in a client's medical record to meet the standard of care, your ability to differentiate diagnoses will definitely be tested on your clinical exam.
5. **JUSTIFICATION OF DIAGNOSIS:** Here you will begin to weave your analysis of the client's situation using elements from their history, MSE, and description of the presenting problem that align with the criteria listed in the DSM 5.
6. **THEORETICAL ORIENTATION:** If you have not decided on your orientation or choose to practice "eclectically", it is a good idea to determine which theory might help this client best and why. Some things to consider when making this decision include:
  - Is your theoretical choice based on the symptoms you see?
  - Is it based on your personal preference?
  - Do your client's goals lend themselves to a particular approach?
  - Does your agency require you to use a particular therapeutic modality?
7. **TREATMENT PLAN & COURSE OF TREATMENT:** This is the dynamic road map to your client's recovery. The therapist would collaborate with their client to identify both short and long-term treatment goals. The therapist would then identify measurable objectives and interventions tied to each goal. The goals, objectives, and interventions should align with your theoretical orientation and be unique to each client. Forming a therapeutic alliance is almost always a first goal. However, if there is a crisis, that would take priority. This is not a one-time deal, you will continually need to evaluate the goals, objectives, and interventions, and adapt them to the evolving therapeutic relationship, your client's response to interventions and their changing needs.
8. **HUMAN DIVERSITY CONSIDERATIONS:** Human diversity is a broad concept that refers to the unique aspects of a client that make them different from those around them and affect the client's experience in the world. Such differences can include ethnicity, marital status, gender, age, religion, socioeconomic status, and specific group affiliations, among others. It is important to consider how the client's unique cultural background influences their presenting issue, their engagement in the therapeutic process, and their relationship with the therapist.

9. **LEGAL & ETHICAL ISSUES:** Always consider your legal and ethical obligations as you conceptualize your case. Do you have any possible mandates? Have you obtained signed releases? Minor consent? Are there ethical or possible unethical dual relationships? Are there safety issues that must be managed? Are there necessary referrals or health professionals involved in the client's treatment?
10. **PROGNOSIS:** This final part of the case conceptualization refers to the likely course and outcome of treatment. When considering the prognosis, you want to assess the internal and external protective factors that will aid in the client's recovery. These will be factors you want to build on and incorporate in the treatment plan. Conversely, you would also want to consider those factors that could impede treatment progress so these can be adequately addressed during treatment.

The above is a useful format to use for a formal case presentation in group supervision or case consultation. This format can also be helpful if you are in a job interview and given a case vignette to discuss with your interviewers. If you are able to touch on these different issues, you are likely to make a good impression. Finally, the more you explore and familiarize yourself with all facets of case conceptualization, the more prepared you will be for your licensing exam. Now, go forth and conceptualize away!