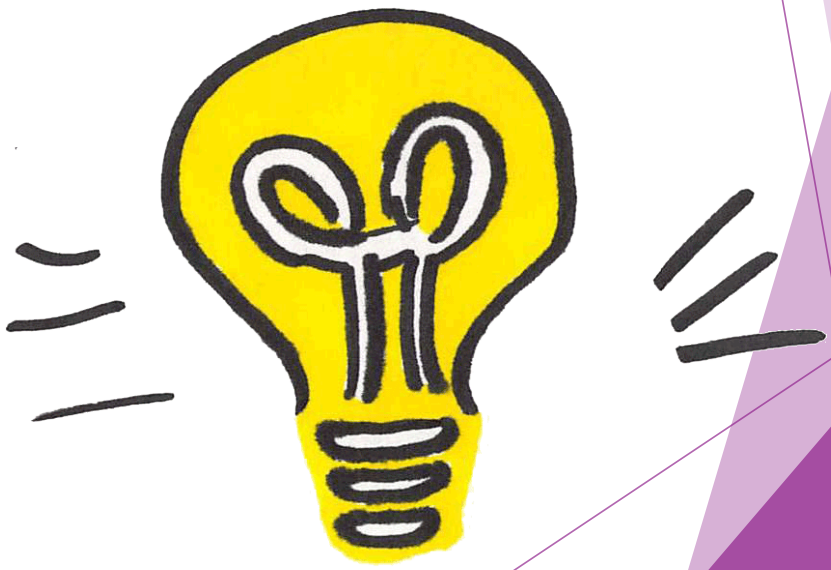
Case Conceptualisation

SfDBT Conference 2020

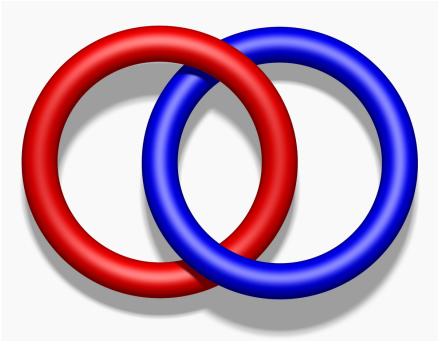
What is a case conceptualisation

- It is a working hypothesis and plan.



Why have a case conceptualisation?

- Links Theory to Practice,



- To understand the patterns that emerge in a patient's chain analyses by linking this to DBT theory to generate both acceptance and change based alternatives towards the patients life worth living.

Why is this part of the accreditation process

This is an example of your understanding and application of DBT theory and it's links to your practice.

For example: Are you using your understanding of the bio social theory?

Are you understanding the behavioural principals in your chain?

Do you understand and use a range of possible change and acceptance strategies?

What information should be included?

- Make it anonymous.
- Start with **current circumstances**:-
  - Keep this brief and relevant eg age, gender, ethnic group, current living arrangements and any disability and reasons for referral to your service

What to include… cont

Background history.

- Consider information relevant to the bio-social model,
- Make links to any evidence of genetic predisposition to mental health difficulties and emotional sensitivity, reactivity and slow return to base line.
- In the patient's history explain why an adverse life event was specifically invalidating for the patient.

Life worth living goals

- In client's own words where possible.
- This could be anything that patient would like in their life and that we can work with them on moving towards.

Stage of treatment

We are looking at stage one treatment

- Target hierarchy
  - List behaviours in order from most severe to least severe. Be behaviourally specific. Divide behaviours into:
    - Suicidal, homicidal and imminently life-threatening behaviours and non suicidal self injury.

This should include urges to self-harm. The level would be the one below the level the client would act on. Suicidal ideation is targeted if there is a sudden increase in an action e.g. storing tablets, writing a suicide note.

    - Therapy interfering behaviours

Things that get in the way of therapy, such as not completing diary card or arriving late

    - Quality of Life Interfering behaviours. These need to conform to the criteria given in the text i.e. meaningful activity (school, college, work); stable accommodation and other diagnoses.

- Relevant secondary targets,
  - What dialectical dilemmas may be relevant.
- Behaviours to increase
  - mindfulness,
  - distress tolerance,
  - emotion regulation,
  - interpersonal effectiveness

Behavioural and Solution Analysis of Current Primary Target

- Identify context, vulnerability factors, prompting event and target behaviour (also please name the target behavior in the title of the chain)
- Separate thought, emotion, physiology, action, urge and events. One per line. Rate the level of emotion.
- Include antecedents and consequences of the target behaviour i.e. a few links after the behaviour as well as before.
- Ensure Solutions match the link and are likely to be effective.
- Specify what the client has to do, and how to practice this in the session rather than just giving the name of a skill.
- There are some acceptance and some change orientated solutions.

- **Evaluation of the solution analysis**

Here is a chance to show how you have managed some of the challenges of this case example. For example, how did the patient function in other modes of therapy and how did you use your consult team to help with a specific issue. Consider how you have used DBT principles and assumptions.

Some examples and further reading:-

- There is a case conceptualisation example on the sfDBT website under accreditation.
- References for useful reading to assist with your case conceptualisation:-

'Case Formulation in DBT : Developing a Behavioural Formulation' (Shari Manning) in The Handbook of Dialectical Behaviour Therapy (2018) (ed Michaela Swales) and 'Conducting Effective Behavioural and Solution Analysis' (Sara J. Landes) also in The Handbook of Dialectical Behaviour Therapy.

- Case conceptualisation in DBT Chapter 9 in DBT Principals in Action. Acceptance, change and dialectics by Charles Swenson.

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