

PsychoCANSalysis

Making Room for Case Conceptualization in Treatment Planning with the CANS

April D. Fernando, PhD



Goals

- Discuss the unique role that case conceptualization has in treatment planning.
- Illustrate how the CANS and communimetrics fit into collaborative case conceptualization.
- Illustrate how case conceptualization works within a CANS treatment planning framework.

Shared Vision

- A collaborative relationship between the client/caregivers and therapist(s) is key to building a shared vision— a shared understanding of the problem and its etiology, shared goals and a set of actions to achieve those goals.



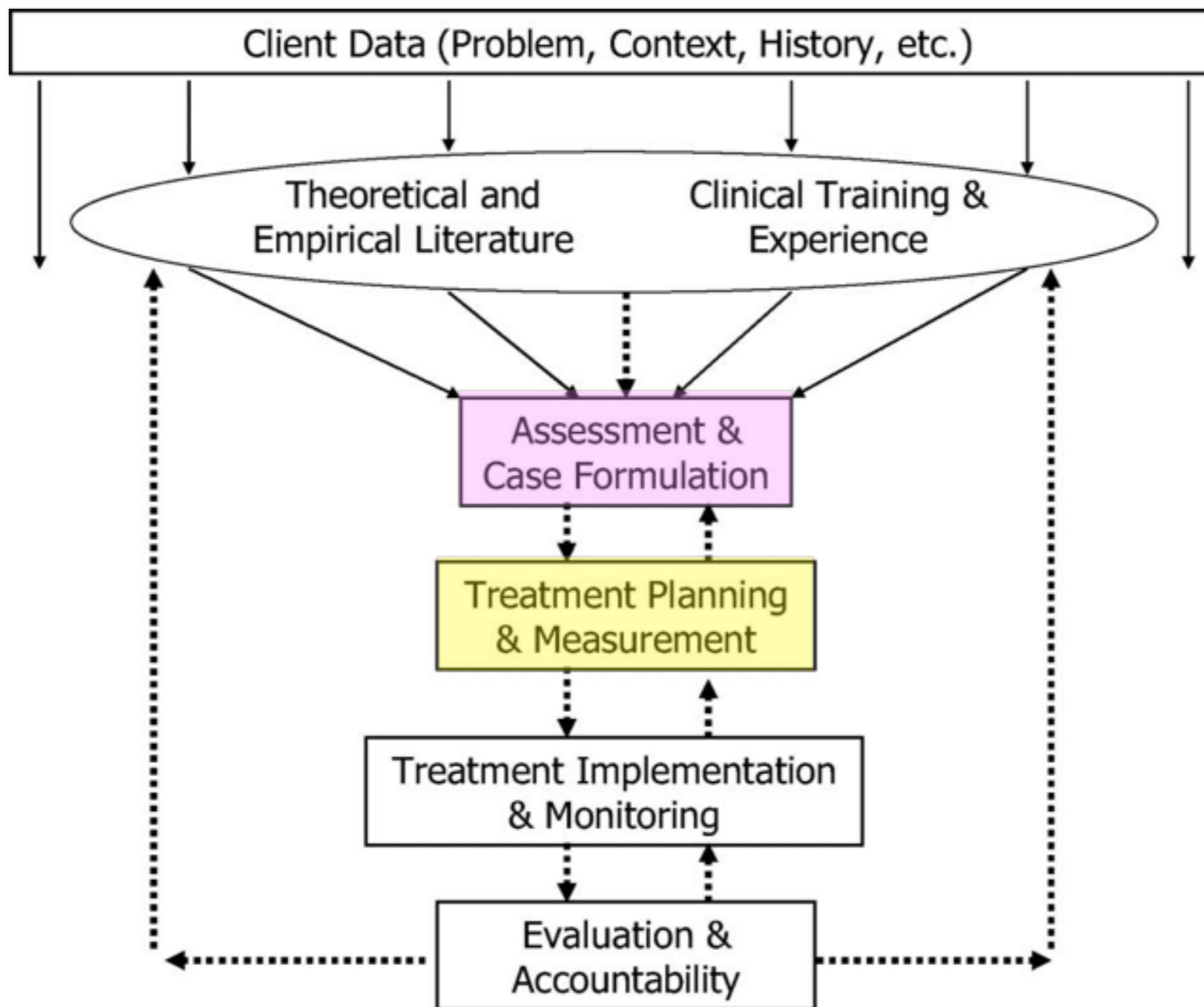
START WHERE YOU ARE.

USE WHAT YOU HAVE.

DO WHAT YOU CAN.

- ARTHUR ASHE

The Role of Case Conceptualization

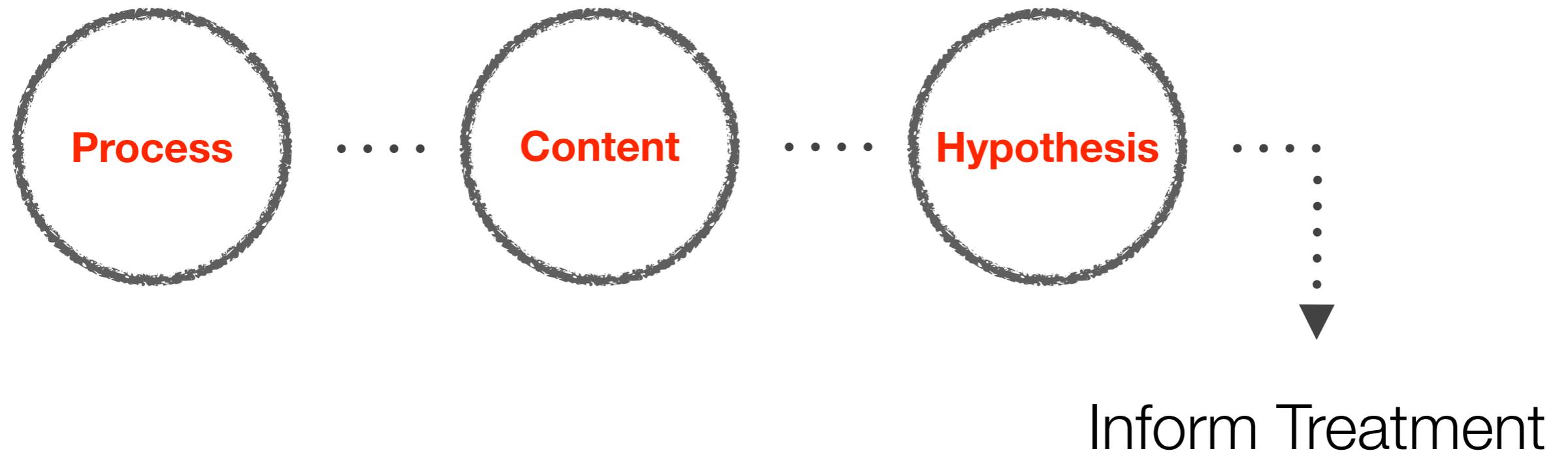


Why are we talking about this?

Case conceptualization ...

- is a narrative that integrates description and explanation— understanding the causes, precipitants and maintaining influences of a person's psychological, interpersonal and behavioral problems.
- helps organize information about a person—
 - when the data is complicated, inconsistent or contradictory
 - when there are no empirically supported standard treatments
 - in cases where standard treatments have been used but were unsuccessful.
- Gatekeeper to treatment planning: identifies causal mechanisms; informs as well as guides the treatment and as a maker for change.

Conceptualizing a case



Conceptualizing a case

Process

Activities required to obtain information needed in order to conceptualize the case.

Content

What makes up the conceptualization to describe the full picture of the person and situation: challenges, events, impact, treatment plan.

Hypothesis

A way to make sense of the person's difficulties: how they began, what factors (internal or external) are maintaining them.

Conceptualizing a case

Activities required to obtain information needed in order to conceptualize the case.

Descriptive

- demographics, presenting problems, medical history,
- social, educational, work, trauma history ...
- free of the influence of theory or perception
- gathered from as many resources as possible

Process



CANS & Communimetrics

Making
Meaning

- how the client experienced and interprets the events
- how events affects client's thoughts, feelings, behavior
- links client understanding of events to current problems
- integrates others' understanding of events to get a sense of the whole

Conceptualizing a case

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Conceptualizing a case

Content

symptoms &
problems

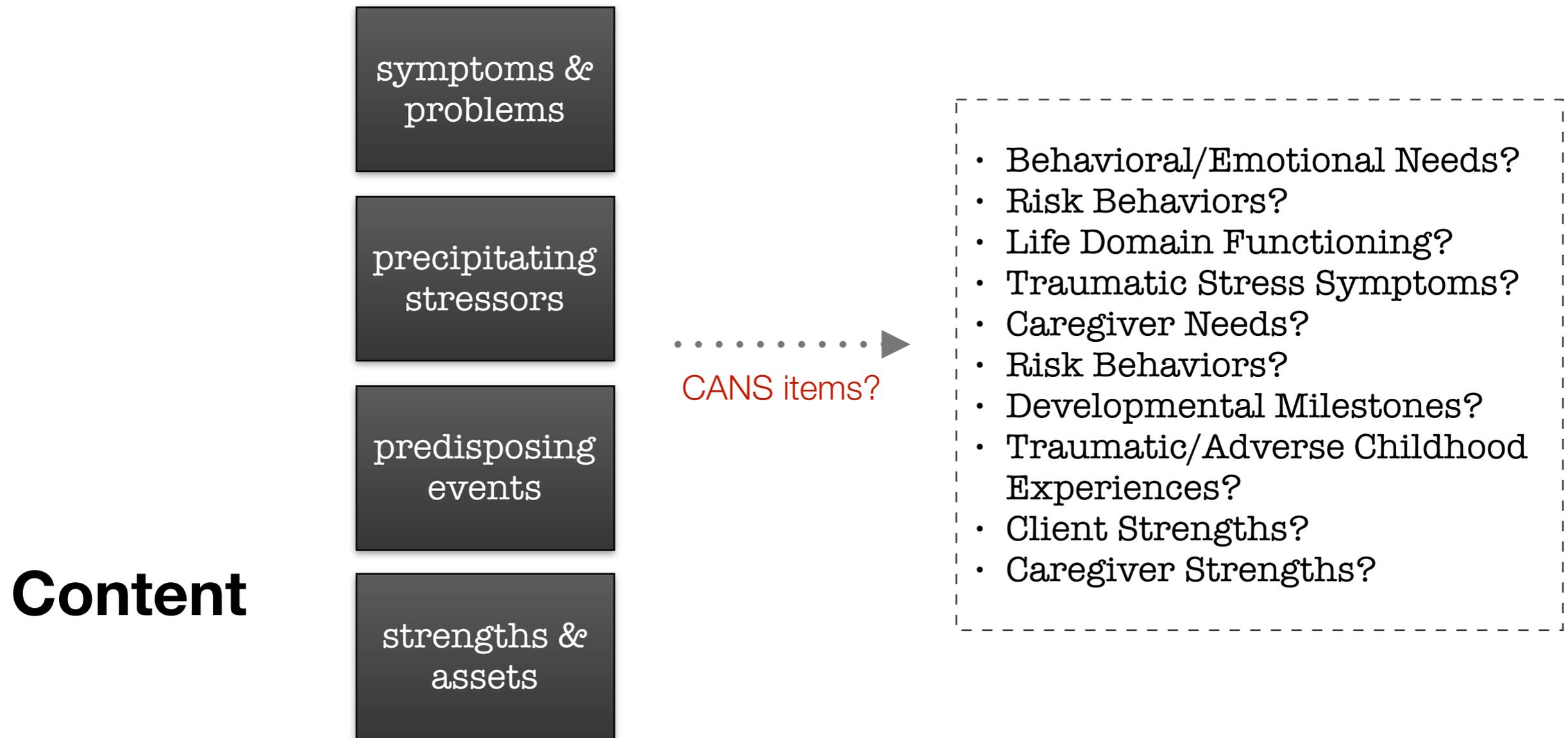
precipitating
stressors

predisposing
events

strengths & assets

What makes up the conceptualization to describe the full picture of the person and situation: challenges, events, impact, treatment plan.

Conceptualizing a case



The case conceptualization and the CANS items support each other:

- The CANS items helps to illustrate the conceptualization.
- The conceptualization helps to clarify how the CANS items are grouped and how they relate to each other.

Conceptualizing a case

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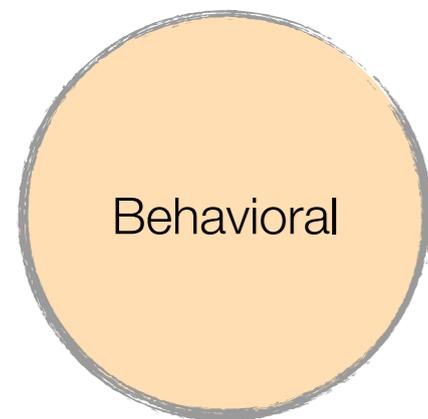
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Conceptualizing a case

Hypothesis

A way to make sense of the person's difficulties: how they began, what factors (internal or external) are maintaining them.

learning history
contingencies of reinforcement
stimulus-response pairings

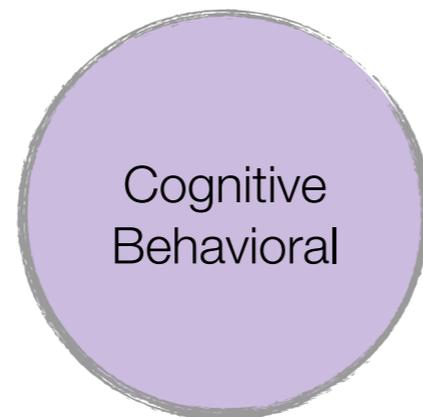


Behavioral

unconscious process and conflicts
maladaptive patterns in relationships

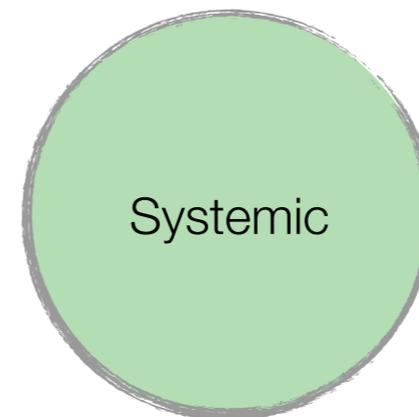


Psychodynamic



Cognitive
Behavioral

maladaptive thoughts/beliefs
about the self/others/world/future



Systemic

problem-maintaining patterns, feedback loops,
beliefs and expectations in the family

Psychodynamic Perspective

- Assessment considers the specific symptoms, as well as conscious and unconscious conflicts, internalized relational patterns, interpersonal patterns, and defenses.
- In addition to the clients actions, affects, avoidances, self-reports and history, the conceptualization includes the affective, fantasy and some somatic responses that are evoked within the therapist.
- Conceptualization both contributes to and is a product of an analytic frame of mind, and to be effective, must be more than just a coherent narrative. It must have a ring of truth and emotional immediacy.

Sarnat, 2010

Reflective Practice Self-Assessment—

practice conducted within the boundaries of competencies, commitment to lifelong learning, engagement with scholarship, critical thinking, and a commitment to the development of the profession.

-Rodolfa, et al. (2005)

Manualized or Tailored Treatments

- Case conceptualization helps in determining which empirically supported or manualized treatment(s) may be best suited and offer the greatest success to the client.
- Within a treatment framework (e.g., theory of change), the case conceptualization helps to tailor the treatment to the client.
- When there are no empirically supported standard treatments, case conceptualization can help guide the treatment, providing a blueprint for monitoring change and progress.

Trauma Treatment

Trauma Treatment

- Safety and Stabilization
psychoeducation addressing issues of trust, safety, support, boundaries, self-soothing, and building support networks.
- Processing and Grieving Trauma
explores traumatic memories, integrates memories into life narrative, desensitizes client to traumatic memories, corrects maladaptive cognitions.
- Reconnection
self-enhancement with focus on growth and reconnection to day-to-day occupational, spiritual, and recreational activities as well as current and future relationship building.

Psychodynamic Approaches

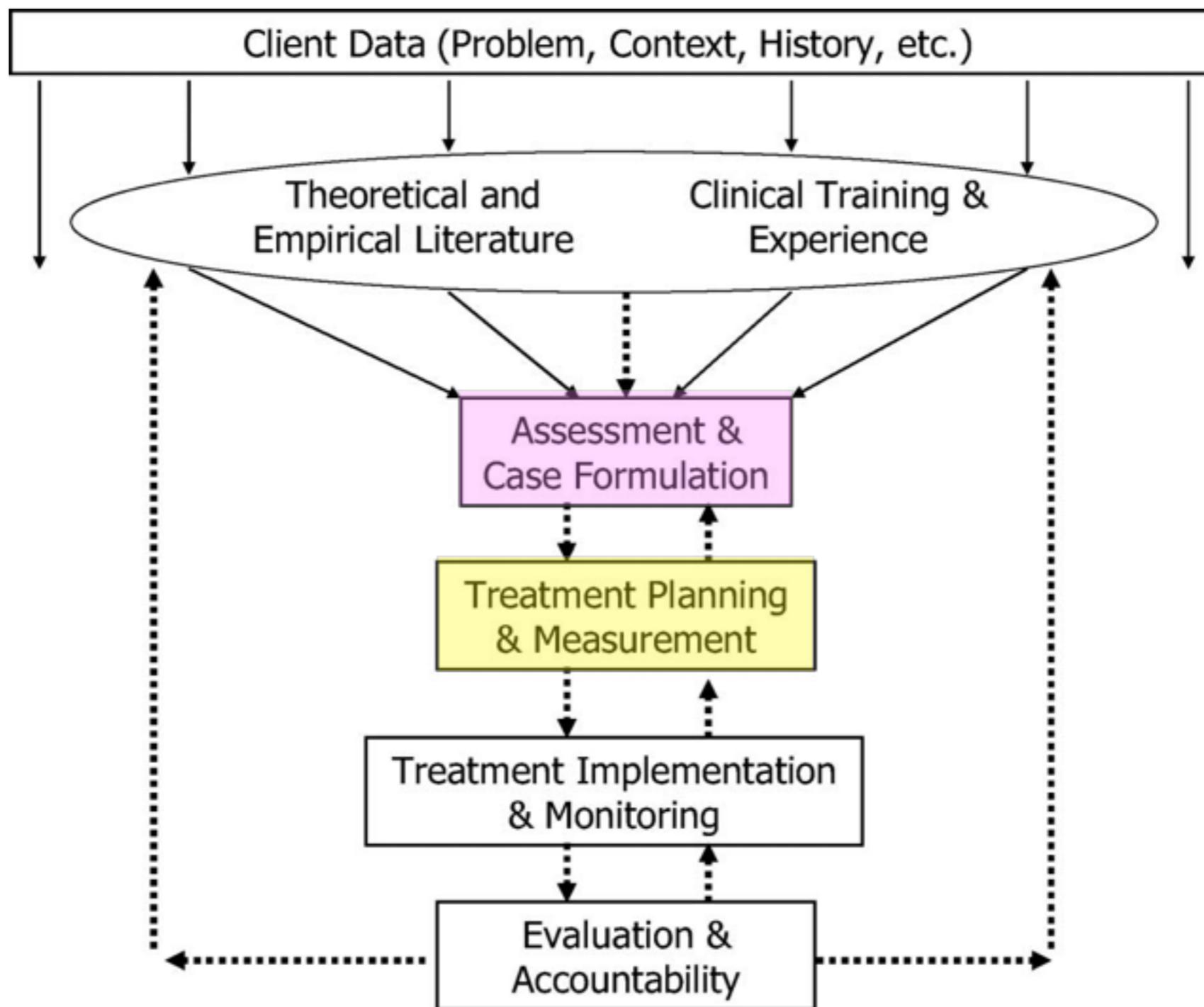
- Re-experience earlier conflicts, from an emotional and a cognitive perspective
- Gain insight regarding how past experiences relate to present problems
- Resolve the early conflicts, with the help of the therapist
- Reconcile split-off aspects of the self and move to a more integrated sense of self
- Modify negative aspects of the self
- Facilitate the development of positive aspects of the self in the context of the therapeutic relationship
- Change aspects of the persons' sense of self (e.g. feeling unlovable)
- Work through conflicts in relation to attachment and autonomy in intimate relations

Conceptualizing a Case

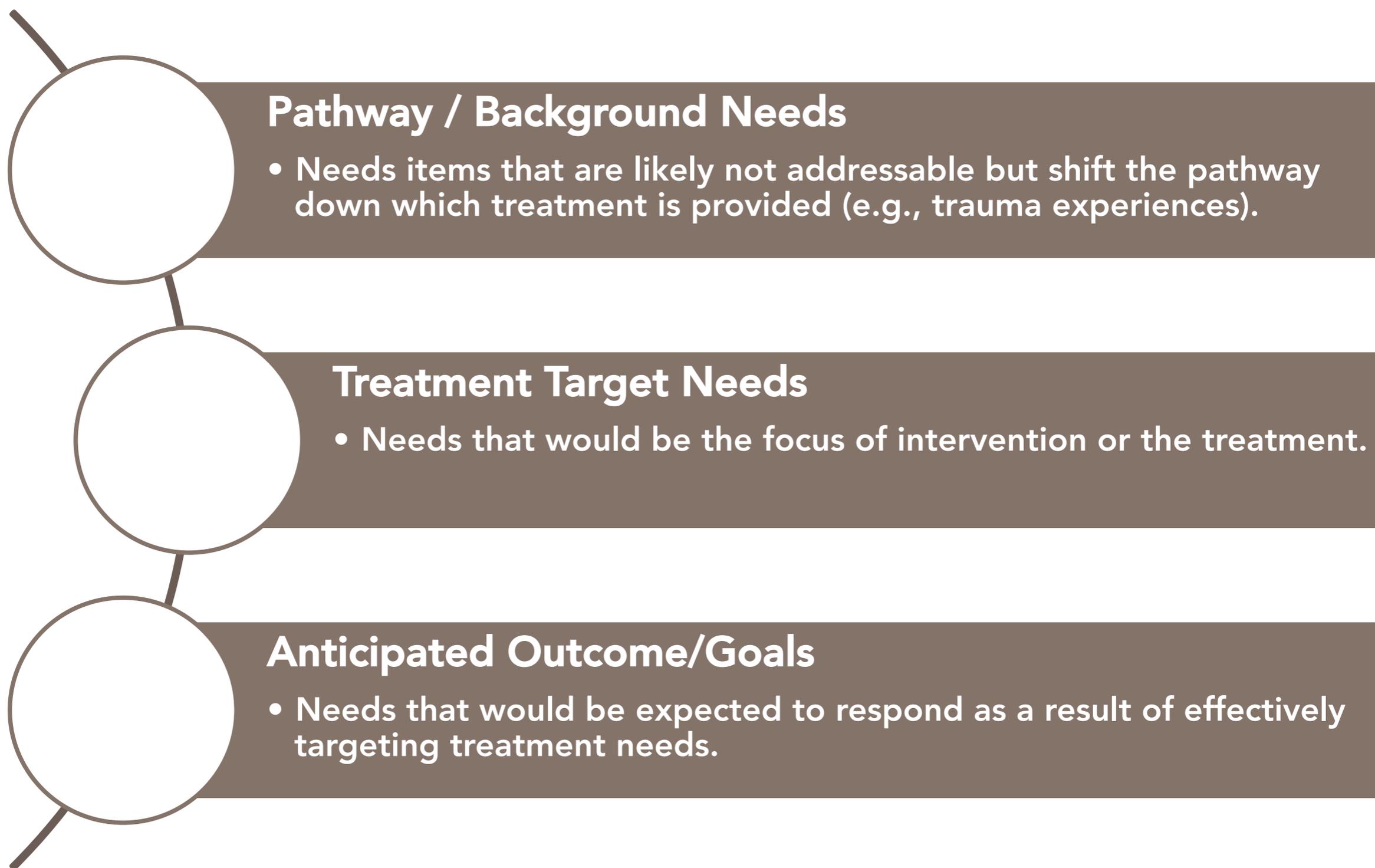
- Connecting the dots: Helping clients understand his/her life from early childhood to the present, outlining how a particular difficulty has developed, persisted and the various cognitive, emotional, behavior effects and interpersonal difficulties generated as a consequence.
- Can be considered a function of the treatment — has the potential to facilitate the client's therapeutic experience, insight and understanding; can facilitate client's experience of feeling understood.
- To be effective, case conceptualization must be a collaborative endeavor, comprise the clients views and beliefs, and not imposed on the client or the caregivers.
- Facilitates transparency in the treatment.

Case Conceptualization: collaborative, co-created, co-experienced
Case Conceptualization = Shared Vision

Case Conceptualization and Treatment Planning



CANS: Types of Needs



The diagram consists of three white circles arranged vertically, connected by a single line. Each circle is positioned to the left of a dark grey rectangular box containing text. The top circle is connected to the top box, the middle circle to the middle box, and the bottom circle to the bottom box. The top box is titled 'Pathway / Background Needs' and contains a bullet point. The middle box is titled 'Treatment Target Needs' and contains a bullet point. The bottom box is titled 'Anticipated Outcome/Goals' and contains a bullet point.

Pathway / Background Needs

- Needs items that are likely not addressable but shift the pathway down which treatment is provided (e.g., trauma experiences).

Treatment Target Needs

- Needs that would be the focus of intervention or the treatment.

Anticipated Outcome/Goals

- Needs that would be expected to respond as a result of effectively targeting treatment needs.

Actionable Items: Tracey

Traumatic Stress Symptoms

Adjustment to Trauma = 2

Traumatic Grief = 3

Hyperarousal = 2

Numbing = 2

Dissociation = 2

Affective/Phys Dysregulation = 3

Behavioral/Emotional Needs

Impulsivity = 2

Depression = 2

Anxiety = 2

Oppositional = 2

Attachment = 2

Risk Behaviors

Other Self Harm = 2

Runaway = 3

Judgment = 3

Sexual Exploitation = 3

Life Domain Functioning

Family = 3

Living Situation = 3

Sleep = 2

School Achievement = 3

School Attendance = 3

Child Strengths

Family = 1

Community Life = 2

Optimism = 2

Relationship Permanence = 1

Resilience = 1

Caregiver Needs & Strengths

Mental Health = 2

Supervision = 1

Involvement = 1

Knowledge = 2

Safety = 2

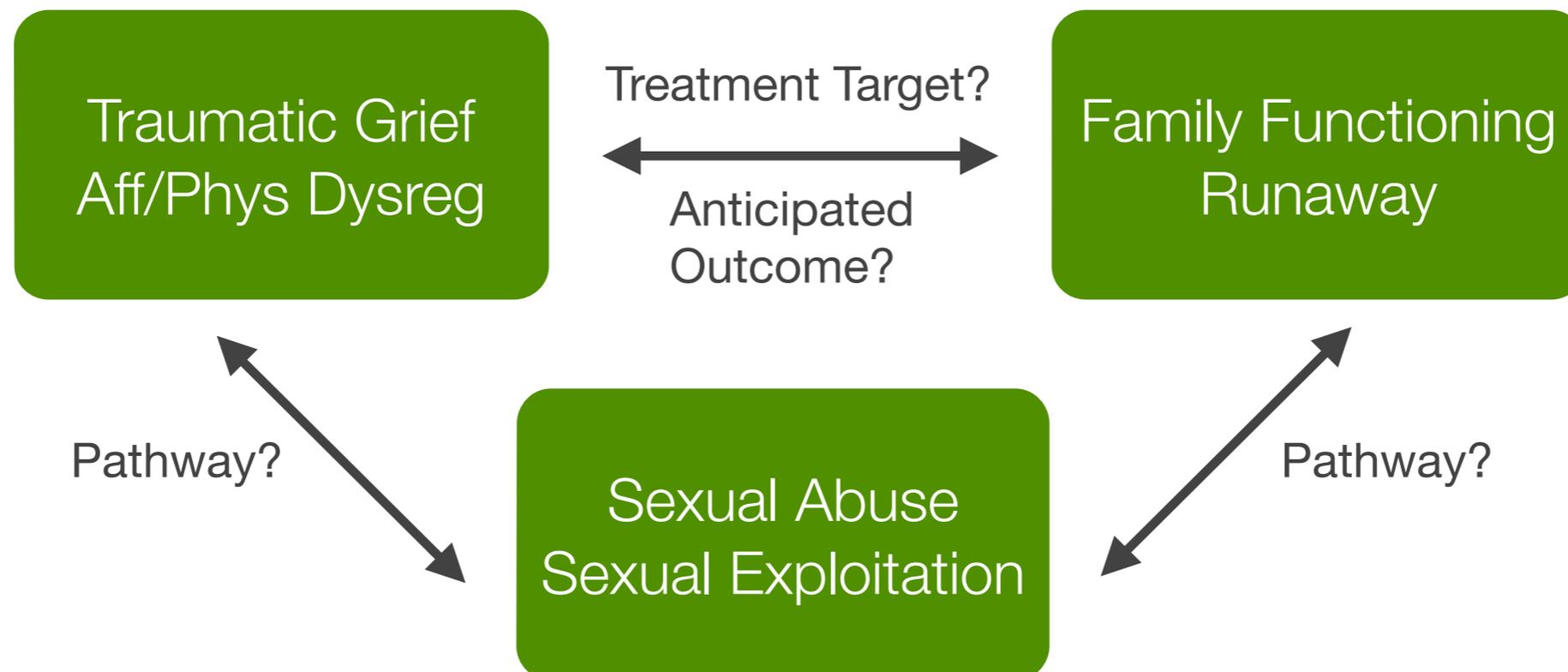
Conceptualization

For Tracey and her Moms:

- We need to keep Tracey safe and not run away from home. She can't deal with the structure and expectations at home and is always in arguing and fighting with the family. Tracey is not engaged in age appropriate activities, including going to school. Moms are concerned that Tracey will run back to the streets and get raped or killed.
- Problems are linked her difficulty in trusting her parents, as they have let her down in the past (not protected her or cared for her).
- Tracey was on AWOL and on the streets when her father died. She feels it was her fault for not being there to protect him. She has not grieved his loss.
- The traumas that Tracey has experienced—sexual abuse as a child, sexual exploitation currently—are impacting her ability to function, including staying safe.

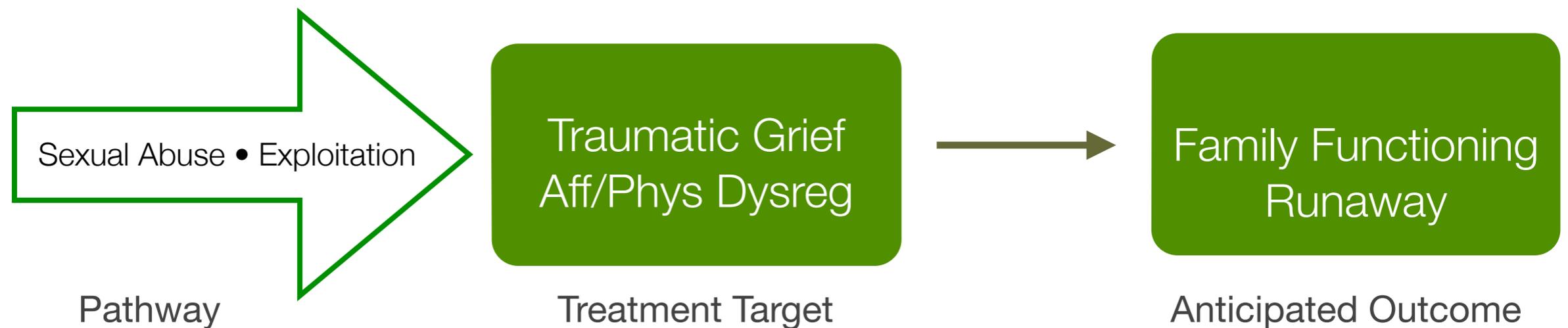
From Conceptualization to CANS

- While the needs are clearly identified with the CANS, the case conceptualization is critical to understanding the cause and effect relationships between the items and the pathway for treatment



Conceptualizing Needs

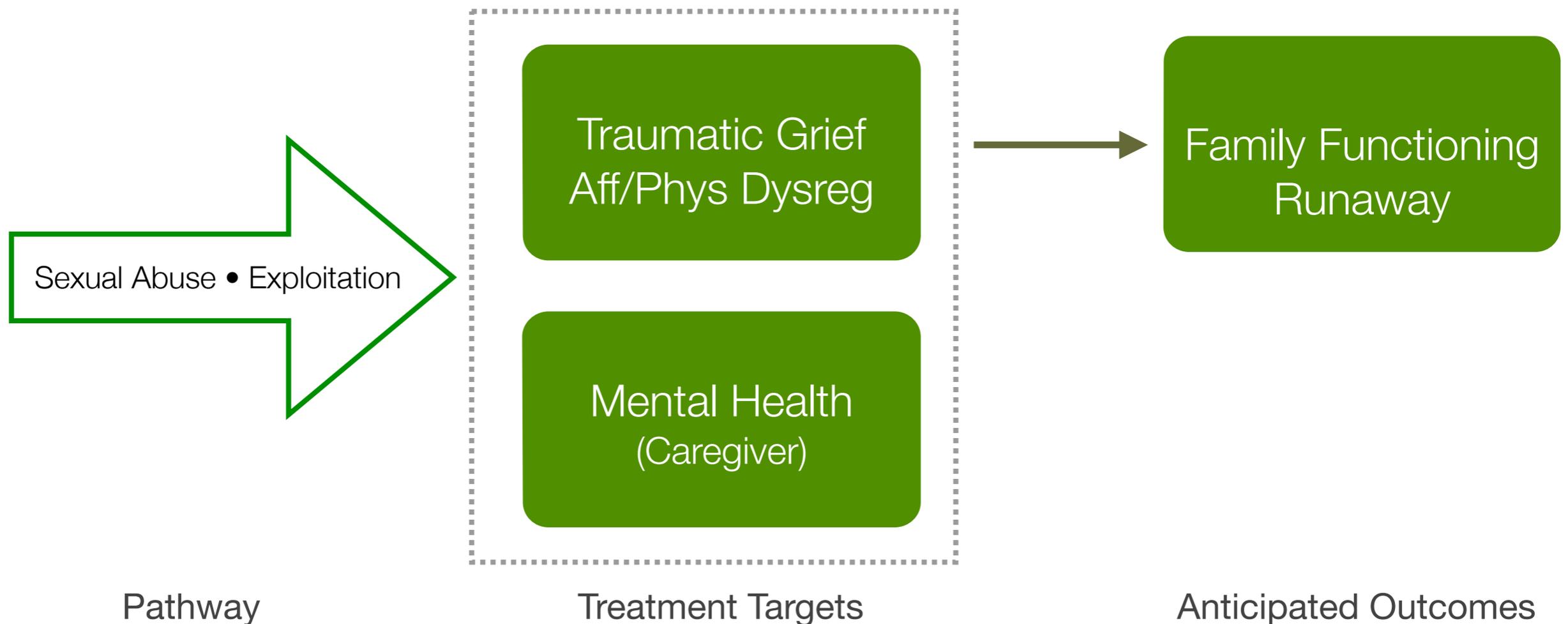
- The case conceptualization helps identify the Pathway needs, and sort out the Treatment Target needs from the Anticipated Outcomes needs.



- Within the context of complex trauma, interventions will focus on addressing Tracey's grief around her father's suicide and the dysregulation she experiences (Treatment Target Needs) that underlies her difficulties at home and desire to run. If treatment is effective, her functioning within the family will improve and her instances of running away will decrease (Anticipated Outcome needs).

Conceptualizing Needs

- Caregiver needs ratings can help determine how to support the caregiver as part of the child's treatment, and whether the caregiver would benefit from additional resources.



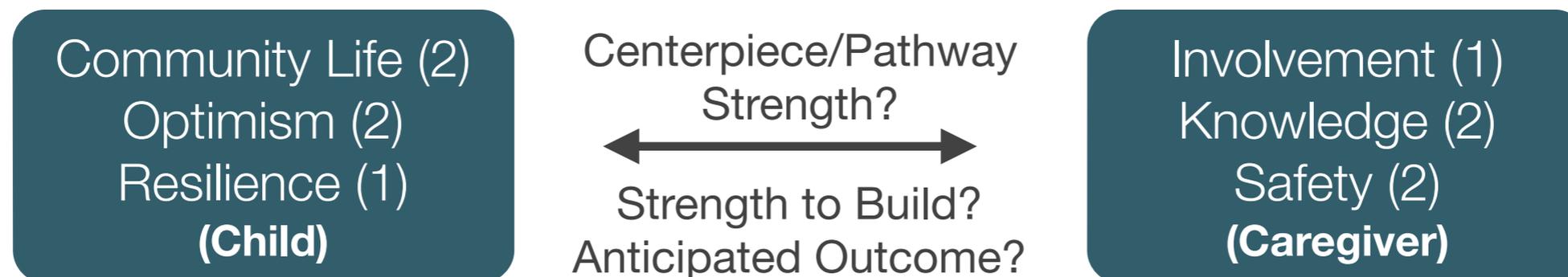
Conceptualizing Strengths

Centerpiece/Pathway Strengths

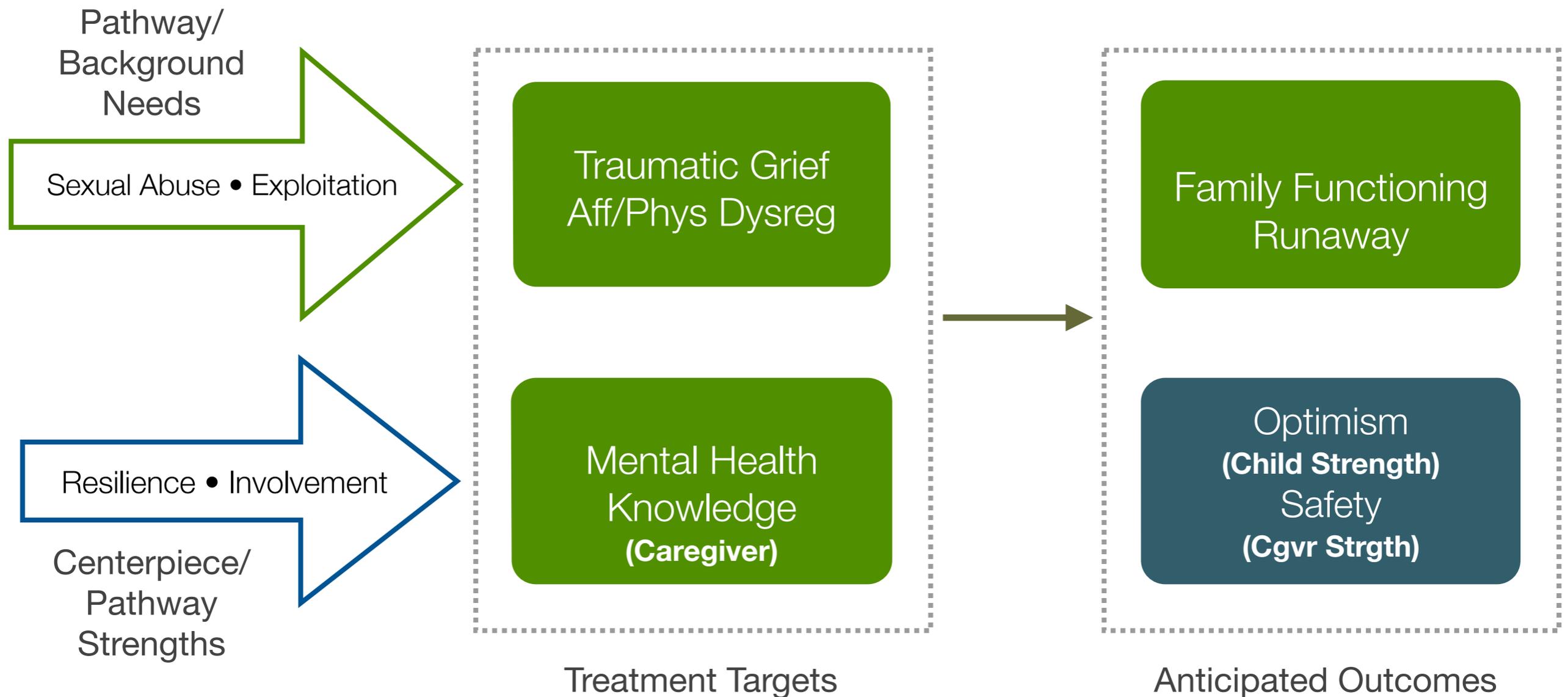
- Strengths that might inform a strength-based approach. Ratings = 0 or 1
- May be protective factors or buffers; impact the expression and intensity of the needs.
- Can be used to help address target needs (e.g., help a client process his or her trauma).

Strengths to Build

- Strengths that are in need of development, or do not exist. Ratings = 2 or 3
- Some strengths rated 3 may need attention if their absence is debilitating.



Putting it Together: Needs and Strengths



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DO WHAT YOU CAN.

CANS!

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