Using Team-Based CBT-P Case Conceptualization in Service of Recovery

The third of a series of three seminars to understand how to use CBT-P case formulation to direct recovery-oriented, team-based interventions for ***First Episode Psychosis (FEP) services***

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The opinions expressed herein are the view of TTC Network and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Presented 2022

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered and trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

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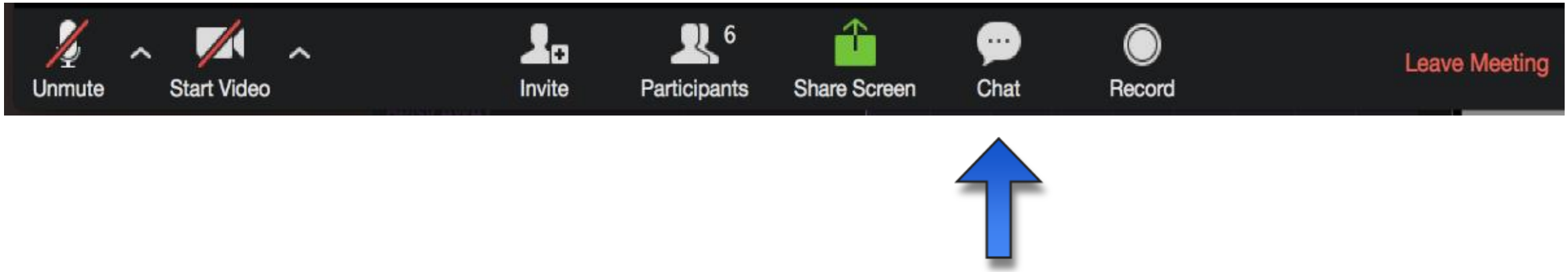

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We invite everyone to help us achieve a safe, respectful, inclusive, and positive environment for learning, and to that end, we reserve the right to remove participants who don’t follow this code or participate in a harmful way after being asked to collaborate with us on this matter. When you participate in an event hosted by us, you are contributing to the overall experience, which makes us all accountable to each other.

Thank you for your cooperation.

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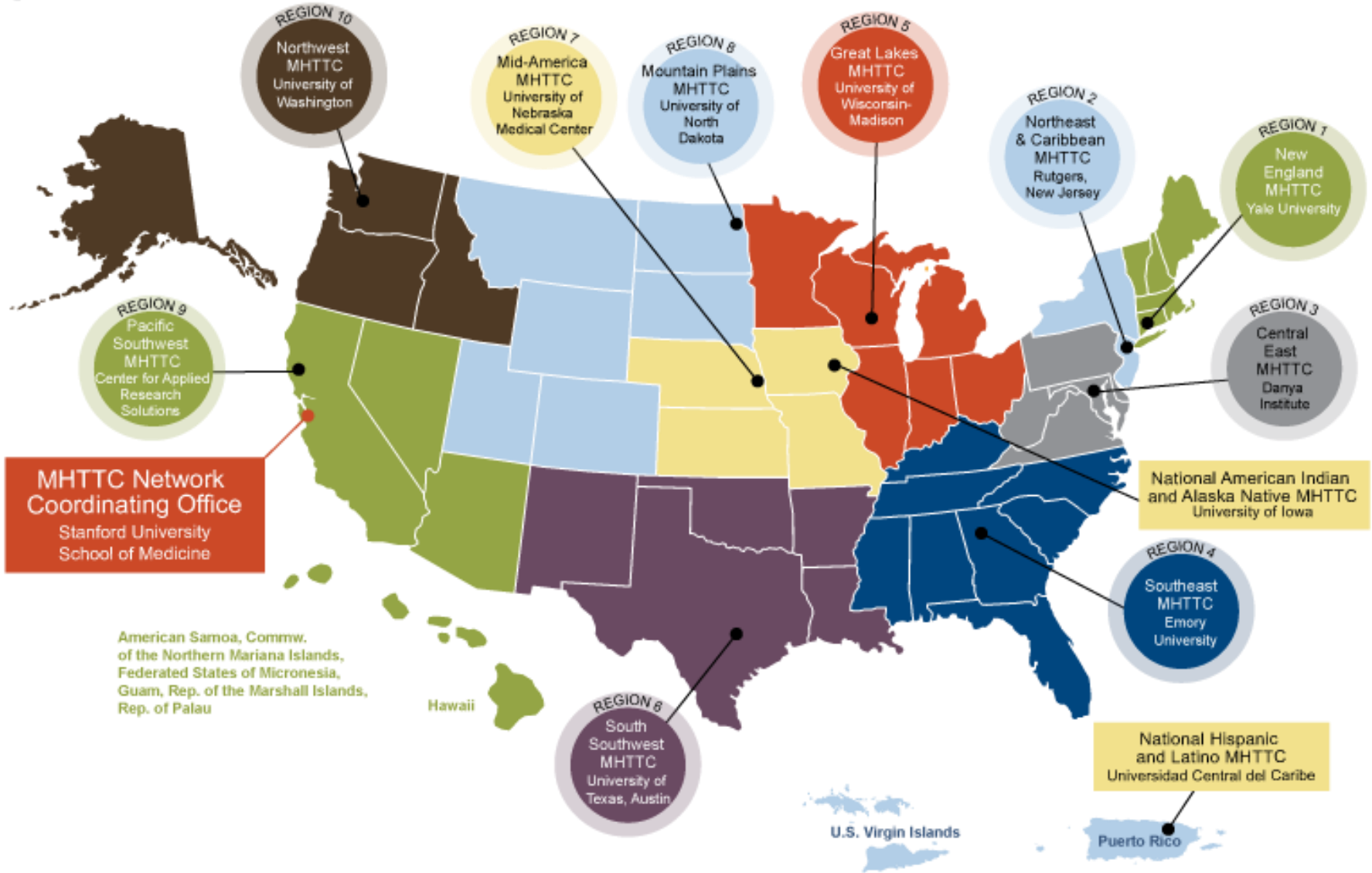


Day 2 & 3 Summary

- ***Day 1:*** Understand the key components of a Cognitive Behavior Therapy for Psychosis (CBT-P) case conceptualization
- ***Day 2:*** Apply a CBT-P case conceptualization framework with an individual in First Episode Psychosis (FEP) services
  - Longitudinal 5 P's Model
  - Understanding my experiences with CBT-P worksheet

Objectives

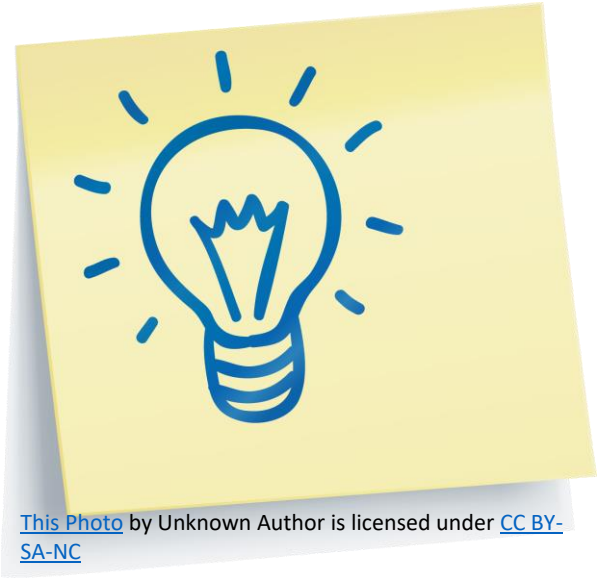
- ***Day 3:*** How team-based CBT-P case conceptualization can direct recovery-oriented team-based interventions

Picking up where we left off …

- Michael is 18-yo Hispanic male college student
- Love of hiking, camping, animals, and wants to become veterinarian
- Began having academic difficulties in middle school
- Experienced bullying about learning difficulties and skin color
- Feelings of sadness, low self-esteem, and tried to be “tougher” by eating particular foods
- After diet pills, started hearing one male voice and feelings that other people cannot be trusted/world is not safe

Reflection

- What one or two words characterize how you felt filling in the case conceptualization worksheet for Michael?
- How might those reactions influence how you approach Michael?



What is team case conceptualization?

“Together we might see something that separately we can’t see. People had forgotten factors impacting on care now. Nice getting all levels and disciplines… every one part of the team”

- Participant, Psychological formulations in psychiatric care: staff views on their impact, Alison Summers (2006)

What is team case conceptualization?

- Providers on multidisciplinary team create shared understanding (longitudinal and maintenance) of individual's concerns[1, 2]
  - Plan evidence-based interventions in line with this understanding
  - Rework based on sharing with individual and new information over time[3]
- Usually discussion during team meetings[1]
- Multiple models and summary[1]

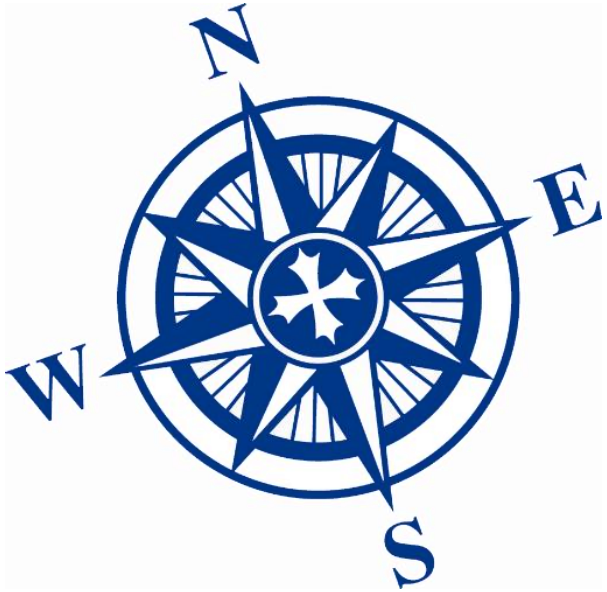
[1]Johnstone & Dallos, 2013

[2]Christofides, Johnstone, & Musa, 2012

[3]DCP, 2001

Why team case conceptualization?

- Guide ***individualized*** assessment and treatment[1]
  - Different team members have different knowledge
  - Unified understanding tells us where to go and how to get unstuck with personalized strategies
- Better relationships between individuals and providers[2]
- Increased learning opportunity and time for reflection[3]
- Increased clinical confidence and job satisfaction[3]
- Improving team communication and relationships[3]
- Psychosocial, holistic understanding[4]



[1]Morrison et. al, 2004
[2]Berry et. al, 2016
[3]Kramarz, 2022
[4]DCP, 2011

Components of team case conceptualization:

Team Formulation Quality Rating Scale (Bucci et al., 2021)

Table 1. The Team Formulation Quality Scale (TFQS) – final version.

Item description	Comments/notes	Score
Section A – structure		
1. Session opening and agenda setting		
2. Formulation is collaboratively developed. Staff members are actively participating and engaged		
3. Interpersonal effectiveness		
4. Eliciting and responding to feedback		
5. Summary statements		
6. Pacing and efficient use of time		
7. Close of meeting		
Section B – content		
1. Description of service user		
2. Key problems and needs elicited		
3. Strengths and resources		
4. Goals and values		
5. Significant life events considered in relation to the development and maintenance of service user's beliefs about self/world/others, coping style (positive AND negative) and interpersonal relationships (positive AND negative)		
6. Team coping (emotional impact of patient on staff member/team) and ways the service user draws the staff member/team into responding		
7. Relevant social and cultural aspects of client's experience are incorporated (e.g. race, culture, gender, living environment, drug use, physical health etc.)		
8. Support plans/ Interventions/ Recommendations		

2 = Yes, 1 = To some extent, 0 = No.

Structural elements

Content to develop psychosocial understanding of psychosis/intervention
Include developmental needs, stigmatization of mental illness, and psychos

Going back to “Michael”

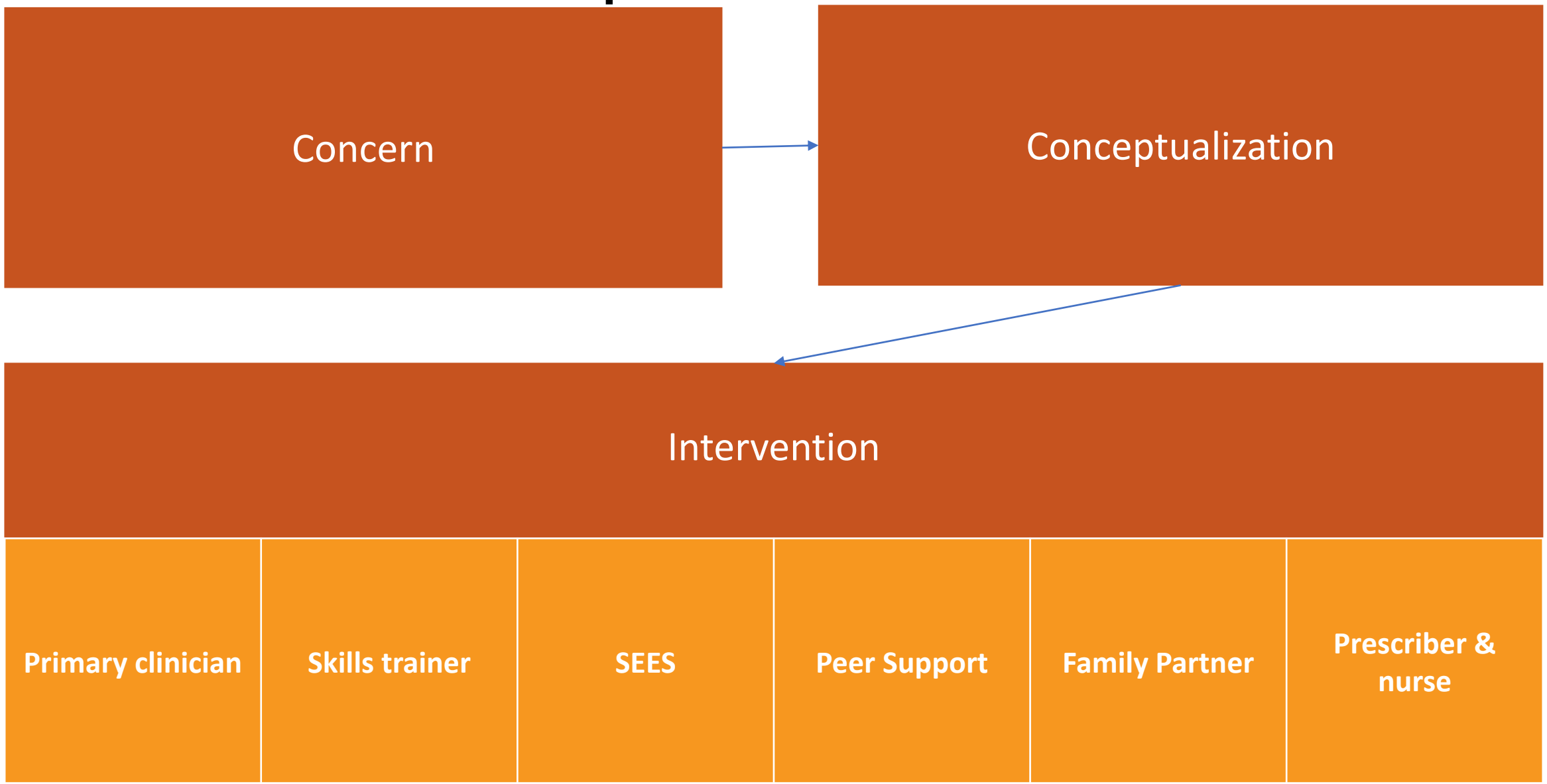
- Assuming we worked as a team to understand Michael, we have already started to develop a team case formulation for him!
  - We know the key concerns, strengths/resources, key life events, and to some extent values, social factors
  - We do not know:
    - Team coping
    - Support plan/interventions/recommendations

Team case conceptualization: team coping

- It is expected to have emotional reactions when providing FEP services, and we need to be mindful of acting them out
  - Being aware of our emotions and biases allows us to react in a more helpful way
  - Sharing with the team helps to ensure we are not acting them out
- Case conceptualization will be shared with the individual
  - Team coping may not always be helpful to share[1]

[1]DCP, 2011

Team case conceptualization: intervention



Intervention example: “Michael”

Concern:
Hearing voices interfering with college classes (to become a Veterinarian)

Conceptualization:
Voices made worse by stress and beliefs they are true/warning him of something that will happen; fear of voices leads to avoiding class

Intervention:
Stress reduction and coping with voices
Skills for going to school while voices occur

Primary clinician: Cognitive re-appraisal for beliefs around voices, building understanding of stress/fear	**Skills trainer:** Relaxation skills; skills for responding to voices; opposite action	**SEES:** Accommodations at school; problem-solving school attendance	**Peer Support:** Mutual aid around school attendance; role models	**Family Partner:** Support family joining in stress reduction/school plan; address arguments	**Prescriber & nurse:** Address school-relevant side effects; wellness interventions

Intervention practice: “Michael”

Concern:
Worries that other people cannot be trusted/will harm him interfering with making new friends

Conceptualization:
Worries came from past experiences with bullying; worries lead to fear/anger, which lead to isolation; worries get worse and “I’m weird”

Intervention:

Primary clinician:	Skills trainer:	SEES:	Peer Support:	Family Partner:	Prescriber & nurse:

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