Collaborative Case Conceptualization

Working Effectively with Clients in Cognitive-Behavioral Therapy

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WITH love to

Halley, Zoe, and Ava
—W. K.

Tim, for the origins,
and Kathleen, for our evolution
—C. A. P.

Joy, Jessica, James, and Samuel
—R. D.
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Christine A. Padesky, PhD, is a Distinguished Founding Fellow of the Academy of Cognitive Therapy and recipient of its Aaron T. Beck Award. She is an internationally renowned speaker, consultant, and coauthor of six books, including the bestselling Mind Over Mood. Dr. Padesky’s numerous awards include the Distinguished Contribution to Psychology Award from the California Psychological Association. Through her website, www.padesky.com, she produces audiovisual programs on case conceptualization and other topics that provide CBT training for therapists in more than 45 countries.

Robert Dudley, PhD, is a Consultant Clinical Psychologist for the Early Intervention in Psychosis Service at the Northumberland, Tyne, and Wear Mental Health NHS Trust, United Kingdom. He is currently serving as a Beck Institute Scholar at the Beck Institute for Cognitive Therapy and Research. Dr. Dudley’s primary clinical and research focus is the understanding and treatment of psychotic symptoms. As a clinician, trainer, and supervisor, he developed an interest in case conceptualization and has undertaken several research projects in this area.
Preface

Cognitive-behavioral therapy (CBT) is both art and science. Nowhere is this truer than during case conceptualization, when therapists stay attuned to clients’ unique experiences while also attending to the scientific theories and research that underpin CBT. Like many cognitive therapists, we deeply appreciate CBT precisely because it bridges art and science, practice and theory, idiosyncratic experiences and the commonalities encapsulated by cognitive and behavioral theories of emotion. We stand on this bridge with our clients working together to relieve distress and build resilience.

The three of us first met in 2002 in Warwick, England, at a CBT conference symposium entitled “Case Conceptualization: Is the Emperor Clothed?” The conference organizers had scheduled the symposium in a relatively small seminar room. The topic generated so much interest that the room was full, with many people standing at the back or sitting in the aisles. Rather like Hans Christian Andersen’s allegorical tale alluded to in the symposium’s title, the symposium highlighted several important “facts.” First, case conceptualization is considered a fundamental therapy skill. Even so, many therapists lack confidence in how to conceptualize. Second, therapist interest in case conceptualization outstrips the sparse evidence base. Third, the little research that exists challenges assumptions about the positive value of CBT case conceptualization. The symposium concluded that the case conceptualization emperor appeared to be unclothed!

At the end of the symposium the three of us lingered in conversation and began talking about case conceptualization. As we talked, we realized we shared a keen interest in case conceptualization and each of us brought different, valuable, and complementary perspectives to the topic. While the three of us teach, supervise, consult, and conduct CBT research, each of us has acquired special expertise in at least one of these areas. Robert offers keen clinical insights gleaned from his years of expe-
rience as a therapist and supervisor working with complex clinical cases. Christine is an internationally recognized CBT instructor and innovator. Willem is a leading case conceptualization researcher and teacher. We thought this combination of experience and knowledge could advance understanding of how to make case conceptualization more effective in CBT.

This book is the result of an ongoing collaboration that began at that conference. Our ideas evolved in stages over the past 6 years. First we made explicit the unresolved implicit research and clinical challenges to case conceptualization. These are summarized for the reader in Chapter 1. As we jointly struggled with how to respond to these challenges, we realized many of our solutions were insufficient. We generated fresh ideas and tested these out with each other; in discussions with peers; in our clinical work; in our work as supervisors, consultants, and instructors; and in relation to the emerging research. We distilled useful ideas down to their simplest form using collaborative empiricism as a check and balance to guard against heuristic biases. After a few years, we reached consensus on a model for case conceptualization that we felt adequately addressed the existing challenges.

Our model is described in Chapter 2 along with three principles to guide its practice: collaborative empiricism, incorporation of client strengths, and evolving levels of conceptualization. This model has its roots in the conceptual and empirical traditions of Aaron T. Beck, the founder of CBT as well as a mentor and friend to each of us. We draw on the rich empiricism of behavioral therapy, especially functional analysis. In addition, our ideas are informed by contemporary research on resilience and strengths. Throughout, our aim is to provide a conceptualization approach that therapists can use collaboratively with clients to more effectively relieve distress and build resilience.

This book teaches our approach to case conceptualization and brings it to life with case examples, practical clinical tips, and sample dialogues. Step by step, we show how to develop a conceptualization that first describes client presenting issues and then deepens in explanatory power as treatment progresses. Client strengths are identified and harnessed throughout the process of conceptualization to help create effective and lasting improvement. We describe how therapist and client can truly collaborate to explicitly co-create and test conceptualizations throughout the course of therapy.

Chapter 3 delineates our first conceptualization principle, collaborative empiricism, and shows readers how a collaborative and empirical approach to therapy leads to effective resolution of a number of conceptualization challenges. In Chapter 4 we show how our second principle, incorporation of client strengths, expands the emphasis of case conceptual-
ization to encompass goals of restoring and building client resilience. Chapters 5 through 7 illustrate our third principle, *levels of conceptualization*, by following a client, Mark, over the course of therapy as he tackles depression, obsessive–compulsive disorder, health worries, work difficulties, and family struggles.

Although Mark is a composite of many clients, his case portrays a common clinical presentation that requires individualized conceptualization: he experiences high levels of distress in the context of many overlapping diagnostic issues. Readers learn how Mark and his therapist progress from simpler, descriptive case conceptualizations (Chapter 5), to explanatory conceptualizations of what triggers and maintains his presenting issues (Chapter 6), to a longitudinal account of what predisposed him to this particular set of presenting issues and what strengths protected him from worse difficulties (Chapter 7). Mark’s in-depth case illustration demonstrates how our approach can simultaneously help decrease psychological distress and promote resilience.

As CBT instructors, supervisors, and consultants we observe that learning to use case conceptualization effectively is one of the biggest challenges faced by therapists. In Chapter 8 we demystify the learning process and suggest a systematic approach for therapists and instructors to learn and teach case conceptualization skills. In our closing chapter we consider some of the issues therapists might face in using our model in a variety of therapeutic settings. Consistent with our commitment to empiricism, we also propose a program of research to test the assumptions and principles central to our model.

One of the measures of a worthwhile collaboration is how engaged the parties remain throughout the process. By this standard, our collaboration as authors has held great value. Each of us is even more enthusiastic and interested in case conceptualization now than we were at the outset of this project. We have done our best to capture for readers the essence of the spirited discussions and debates that infused our interactions over the last several years. Now this book is in readers’ hands. We hope it enhances your understanding of case conceptualization, shows you how to actively collaborate with your clients during these processes, and stimulates research to evaluate our ideas. In the years ahead we look forward to a broader conversation that includes many of you as we continue to explore the boundaries and depths of collaborative case conceptualization.
A number of people have shaped and contributed to this book and we gratefully acknowledge their input. At various stages we have tested the ideas in this book on colleagues whose opinions we greatly value. The book has benefited from the ideas and comments of Peter Bieling, Gillian Butler, Paul Chadwick, Tracy Eells, Melanie Fennell, Mark Freeston, Kevin Meares, Kathleen Mooney, Ed Watkins, and Kim Wright. We are grateful for the artistic talents of Bruce Lim, who created original illustrations throughout the book, including the case conceptualization crucible, an image central to our model. We thank Bibiana Rojas for her excellent graphic design work on the figures. We appreciate Seymour Weingarten at The Guilford Press for his constructive support of this work at every stage of its development. Finally, we are indebted to our Guilford editor, Barbara Watkins, whose professional and insightful commentary on a series of drafts significantly enhanced the clarity and cohesion of the book.

—Willem Kuyken, Christine A. Padesky, Robert Dudley

I am grateful to my mentors, collaborators, and clients, who have helped me cross the divide between science and practice so many times that I no longer regard it as a divide but rather as a creative dialectic! I thank Professors Aaron T. Beck, Chris Brewin, Tony Lavender, and Paul Webley, who, in different and important ways, provided inspiration, challenge, and support during my professional development. I have been very lucky to be able to work with superb collaborators, including Peter Bieling, Sarah Byford, Paul Chadwick, Tim Dalgleish, Emily Holden, Rachael Howell, Michelle Moulds, Eugene Mullan, Rod Taylor, Ed Watkins, Kat White, and the World Health Organization Quality of Life (WHOQOL) Group. Collaboration is at the heart of my professional work. In my opinion, the challenges faced by clinical researchers are often best met by multidisciplinary teams. I am fortunate to have had productive collaborations
Acknowledgments

with colleagues and students whose creativity and hard work helped me envision, articulate, and realize new ideas. The faculty and staff of the Exeter Mood Disorders Centre are an exemplar of this process.

I am grateful to the research staff and postgraduate students who have worked with me on case conceptualization: Rachel Day, Claire Fothergill, and Meyrem Musa. As is true for many cognitive-behavioral therapists, working with my clients is a two-way learning process. I have learned a great deal from the many clients whom I have had the privilege of working alongside in a range of therapeutic settings. I have been supported and learned much from my parents, Jan and Miets Kuyken; my wife, Halley; and friends Andy, Edoardo, Emmanuelle, and Tim. Finally, I want to thank my two coauthors, Christine Padesky and Robert Dudley. At every phase of this book my respect for their unique strengths has grown and deepened. Writing a book together has been an enormously rewarding experience, and I cherish it as a highlight of my professional career.

—Willem Kuyken

Early in my career, I presented a case to Aaron T. (Tim) Beck. After asking a few clarifying questions, Tim effortlessly summarized my client’s central issues. Then he articulated a succinct explanatory case conceptualization that struck me as more accurate than my own understanding of a person I had been treating for several months. Tim’s conceptualization skills were so superior to my own that I thought, “He seems to understand my client so well. Why didn’t I see that? I’ll never be good at case conceptualization. I must not have the case conceptualization gene.” I thought skillful case conceptualization was an innate talent rather than a skill that would develop over time. Fortunately, I was wrong. I did acquire skills and learned principles that helped me conceptualize cases more effectively. Even so, I was right to recognize that Tim Beck conceptualizes cases better than anyone else I’ve ever met. Nearly every good idea and principle I’ve “discovered” in my career as a psychologist owes a debt to him. His wisdom, compassion, and scientific rigor infuse this book.

My development as a psychologist, instructor, and writer owes an equal debt to Kathleen Mooney, whose perceptive comments, contributions, and questions continue to energize my thinking after 27 years of collaboration and partnership. Other CBT therapists who inform my understanding of case conceptualization include Judith S. Beck, Gillian Butler, David M. Clark, Melanie Fennell, Kate Gilspie, Emily Holmes, Helen Kennerley, and Jacqueline Persons. Therapists who sought consultation for case conceptualization assistance over the past several years
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directly and indirectly contributed ideas that improved this book, including Monica Hill, Susan Reynolds, Jennifer Shannon, Ann Twomey, and Mary Beth Whittaker. Therapists from around the world who attend my workshops ask many provocative questions; the answers often take years to develop and appear in books like this one. Your curiosity often inspires new developments in my thinking and I am grateful for your interest in CBT. A special thanks to all the therapists who attended our many Winter Workshops and Camps Cognitive Therapy.

I hold a radical commitment to collaboration during therapy. This stance is encouraged by clients, who show me over and over again that the more I ask them to participate in every aspect of therapy, the more fruitful their participation becomes. Client enthusiasm for case conceptualization led me to believe it was important to write this book. I thank my clients for teaching me that every therapy activity can be improved through client collaboration.

Finally, my appreciation of Willem and Robert deepens each year. Collaboration with you is a rich and enjoyable experience. I hope you don’t mind if I continue to telephone you on Tuesdays at 8 P.M. to carry on the conversation it seems we began only yesterday.

—Christine A. Padesky

I trace the onset of my interest in the purpose and process of conceptualization to a very specific and key moment. I was fortunate enough to be supervised by Professor Ivy Blackburn and I asked her about a case study she had published 12 years earlier. When I began to describe the case details she interrupted me, “Do not tell me the details, tell me the formulation. I never forget a formulation.” I outlined the key elements from her published formulation and immediately she was able to remember the case in rich clinical detail. I knew at that moment what a powerful organizing framework a coherent conceptualization could be.

The value of case conceptualization for clinicians was obvious. Over the years I strove to learn how to use this powerful tool effectively with my clients. I have been aided in this process by many excellent colleagues who supported my clinical work, including Peter Armstrong, Paul Cromarty, Kevin Gibson, Carolyn John, Brian Scott, Vivien Twaddle, Douglas Turkington, and members of the Newcastle Cognitive and Behavioural Therapies Centre and the South of Tyne Early Intervention in Psychosis Service. My research regarding conceptualization has been undertaken with the valuable contribution of colleagues including Stephen Barton, Mark Freeston, Ian James, Kevin Meares, Guy Dodgson, Isabelle Park, Pauline Summerfield, Jaime Dixon, Clare Maddison, Jonna Siitarinen, Barry Ingham, and Katy Sowerby. Many of
my clients provided feedback and ideas that shaped how I approach the process of conceptualization. I am indebted to many people but especially my wife, Joy, who supported my efforts to complete this book. I also express deep appreciation to my co-authors who made this process a pleasure.

—Robert Dudley
Contents

Chapter 1  The Procrustean Dilemma  1

Chapter 2  The Case Conceptualization Crucible: A New Model  25

Chapter 3  Two Heads Are Better Than One: Collaborative Empiricism  59

Chapter 4  Incorporating Client Strengths and Building Resilience  93

Chapter 5  “Can You Help Me?”: Descriptive Case Conceptualization  121

Chapter 6  “Why Does This Keep Happening to Me?”: Cross-Sectional Explanatory Conceptualizations  171

Chapter 7  “Does My Future Look Like My Past?”: Longitudinal Explanatory Conceptualizations  217

Chapter 8  Learning and Teaching Case Conceptualization  248

Chapter 9  Appraising the Model  306

Appendix  Aid to History Taking Form  327

References  341

Index  355
Chapter 1

The Procrustean Dilemma

The mythological character Procrustes was a host who invited guests to his house, claiming that all visitors, whatever their size, would fit the bed in his guest room. Such a grand and magical claim attracted a lot of attention. What Procrustes did not tell his guests was that he was willing to either cut off his guest’s legs or stretch them on a rack to make them fit the bed. The story of Procrustes could be a cautionary tale for psychotherapy clients. Although there are many empirically tested models for understanding psychological distress, few clients want to see a therapist who cuts off or distorts client experience in order to fit preexisting theories.

Clients present with complex and comorbid presentations for which no single approach is a 100% fit. This book teaches therapists how to become skilled in methods of case conceptualization that offer custom-made hospitality for clients seeking help. Readers learn how to shape case conceptualizations that synthesize individual aspects of a given case with relevant theory and research without the need to resort to Procrustean measures.

As a case illustration, Steve is a single 28-year-old man referred to an outpatient clinic for cognitive-behavioral therapy (CBT). The referral notes that Steve experiences difficulties adjusting to his enjoyment of cross-dressing. At the assessment Steve confirms that cross-dressing is something he wants to discuss in therapy but it is a greater priority to talk about having been “terrorized in the city where I lived until recently … and … I’m having a lot of trouble getting over it even though I have relocated.” Steve suffered repeated violent physical attacks in the city where he used to live and he moved because there was no sign that these attacks