Appendix B

Case Conceptualization Template and Rationale

<table>
<tr><th colspan="2">Utah State University (USU) Case Conceptualization Model</th></tr>
<tr><td>Step 1: Description of Theory</td><td>Using resources such as Millington (2018), students can describe the core tenets of their theory while considering the limitations of the theory with respect to persons with disabilities. Students describe their chosen theory's:
School of Thought (e.g., Pragmatic)
Philosophy of People
Rationale (Theory of Problem)
Change Processes (Theory of Change)
Goals of Therapy (according to my chosen theory)
Common Techniques or Change Tasks
Nature of Therapeutic Relationship (e.g., egalitarian, teacher-student, etc.)</td></tr>
<tr><td>Step 2: Behavioral Observations</td><td>Students will transcribe session recordings or sample counseling sessions and utilize theoretical constructs (e.g., cognitive errors) to understand, through the lens of theory, the behavioral observation from a session (e.g., a client's statement).

Their observations can be organized into a table such as this:

<table><tr><th>Behavioral Observations</th><th>Theoretical Constructs</th></tr><tr><td>Example: "Client stated, 'No one cares about me.'"</td><td>Cognitive Error: Overgeneralizing (CBT)</td></tr><tr><td>Example: Client reportedly does not trust men.</td><td>Core Belief: "Men are dangerous" (CBT)</td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></td></tr>
<tr><td>Step 3: Clinical Inferences</td><td>Students will utilize their behavioral observations and theoretical constructs from the previous section to begin making clinical inferences. Clinical Inferences are working hypotheses regarding the sources (or 'why?') of client symptoms and behavior. Here students are translating concrete observations into abstract theoretical constructs, while considering the impact of social barriers on the psychological functioning of persons with disabilities.

Example: "Client is experiencing [distress, impaired functioning, dysfunctional relationships] due to [theoretical constructs, societal barriers] as evidenced by [behavioral observations]."</td></tr>
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Step 4: Clinical Decision Making	In this section students will write, in narrative form, what they will be *doing* with a client to address the hypothesized sources of their problems, as indicated in Step 3 (Clinical Inferences). *First*, students should describe how they will establish the therapeutic relationship *according to how the relationship is conceptualized by their theory* (e.g., teacher-student in CBT). *Second*, students will want to describe the *tasks of therapy* they will engage in with the client to address the client's presenting problems.
Step 5: Treatment Planning	In **Treatment Planning**, students select problems the client may be experiencing and may be the focus of treatment, but more specifically students select those problems they believe to be the primary problems *leading to client impairment*. When considering Adjustment to Disability as an example: 1. Problem #1: Adjustment to Disability a. Definition: A diagnosis of a chronic illness that is not life threatening but necessitates changes in living. b. Goal: Accept the illness and adapt life to the necessary limitations. i. Objective #1: Work cooperatively with the therapist toward agreed-upon therapeutic goals while being as open and honest as comfort and trust allows. ii. Objective #2: Identify feelings associated with the medical condition.