

**A RISK AND PROTECTIVE FACTORS CASE CONCEPTUALIZATION MODEL:
THE VALUE OF CONTEXTUAL CONSIDERATIONS WHEN INTERVENING
WITH "HIGH RISK" STUDENTS**

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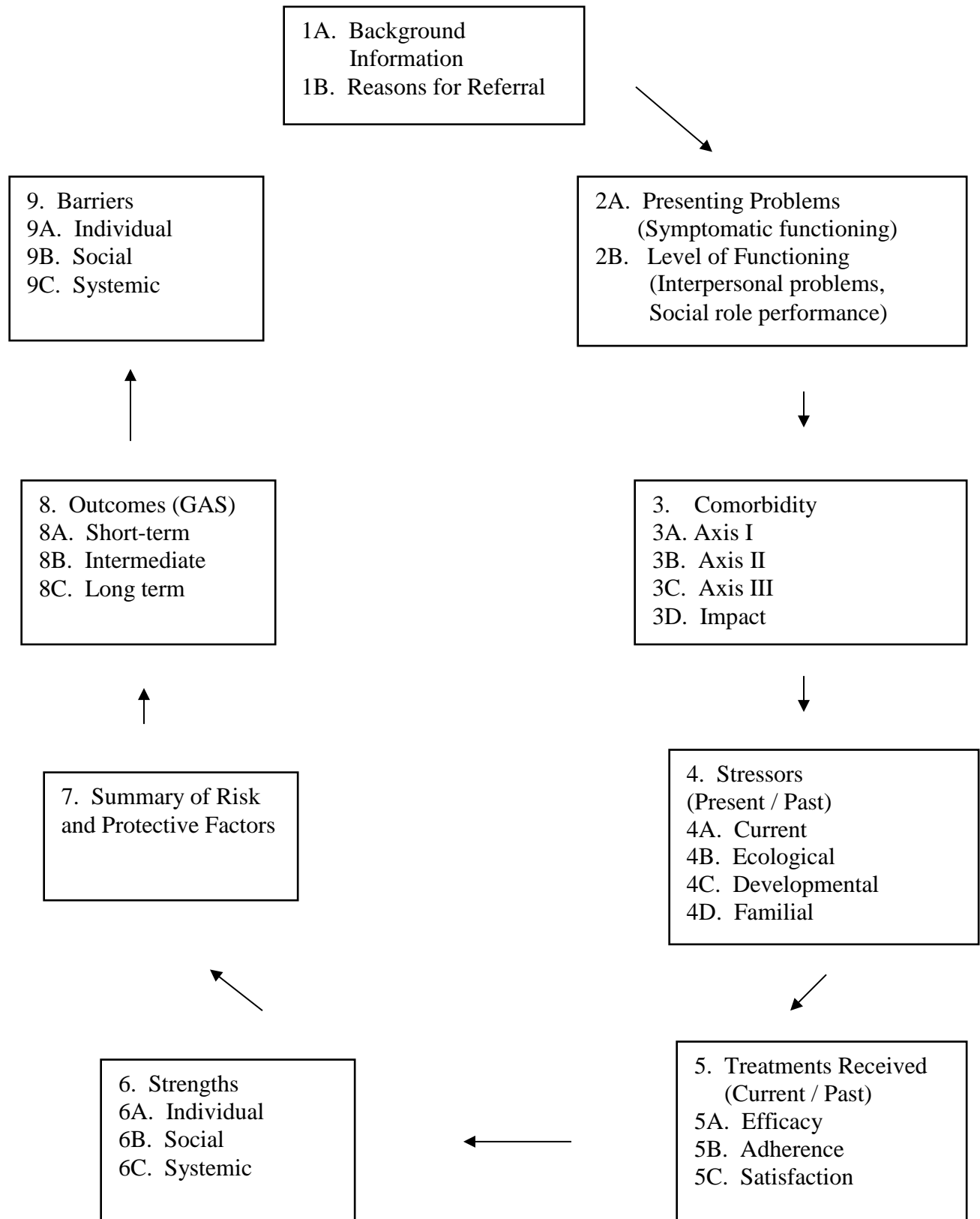
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2. Scroll to Don Meichenbaum
3. Click on article “The Role of a Case Conceptualization Model and Core Tasks of Intervention”

GENERIC CASE CONCEPTUALIZATION MODEL



FEEDBACK SHEET ON CASE CONCEPTUALIZATION

Let me see **if I understand:**

BOXES 1& 2: REFERRAL SOURCES AND PRESENTING PROBLEMS

- “What brings you here...? (distress, symptoms, present and in the past)
- “And is it particularly bad when...” “But it tends to improve when you...”
- “And how is it affecting you (in terms of relationship, work, etc)”

BOX 3: COMORBIDITY

- “In addition, you are also experiencing (struggling with)...”
- “And the impact of this in terms of your day-to-day experience is...”

BOX 4: STRESSORS

- “Some of the factors (stresses) that you are currently experiencing that seem to maintain your problems are...or that seem to exacerbate (make worse) are... (current/ecological stressors)”
- “And it's not only now, but this has been going on for some time, as evident by...” (developmental stressors)
- “And it's not only something you have experienced, but your family members have also been experiencing (struggling with)...” “And the impact on you has been...” (familial stressors and familial psychopathology)

BOX 5: TREATMENT RECEIVED

- “For these problems the treatments that you have received were-note type, time, by whom”
- “And what was most effective (worked best) was... as evident by...”
- “But you had difficulty following through with the treatment as evident by...” (Obtain an adherence history)
- “And some of the difficulties (barriers) in following the treatment were...”
- “But you were specifically satisfied_with...and would recommend or consider...”

BOX 6: STRENGTHS

- “But in spite of...you have been able to...”
- “Some of the strengths (signs of resilience) that you have evidenced or that you bring to the present situation are...”
- “Moreover, some of the people (resources) you can call upon (access)are...” “And they can be helpful by doing...” (social supports)
- “And some of the services you can access are...” (systemic resources)

BOX 7: SUMMARY OF RISK AND PROTECTIVE FACTORS

- “Have I captured what you were saying?” (Summarize risk and protective factors)
- “Of these different areas, where do you think we should begin?” (Collaborate and negotiate with the patient a treatment plan. Do not become a “surrogate frontal lobe” for the patient)

BOX 8: OUTCOMES (GOAL ATTAINMENT SCALING PROCEDURES)

- “Let's consider what are your expectations about the treatment. As a result of our working together, what would you like to see change (in the short-term)?”
- “How are things now in your life? How would you like them to be? How can we work together to help you achieve these short-term, intermediate and long-term goals?”
- “What has worked for you in the past?”
- “How can our current efforts be informed by your past experience?”
- “Moreover, if you achieve your goals, what would you see changed?”
- “Who else would notice these changes?”

BOX 9: POSSIBLE BARRIERS

- “Let me raise one last question, if I may. Can you envision, can you foresee, anything that might get in the way- any possible obstacles or barriers to your achieving your treatment goals?” (Consider with the patient possible individual, social and systemic barriers. Do not address the potential barriers until some hope and resources have been addressed and documented.)
- “Let's consider how we can anticipate, plan for, and address these potential barriers.”
- “Let us review once again...” (Go back over the case conceptualization and have the patient put the treatment plan in his/her own words. Involve significant others in the case conceptualization model and treatment plan. Solicit their input and feedback. Reassess with the patient the treatment plan throughout treatment. Keep track of your treatment interventions using the coded activities (2A, 3B, 5B, 4C, 6B, etc). Maintain progress notes and share these with the patient and with other members of the treatment team.

CASE CONCEPTUALIZATION MODEL *(“Blueprint for managing instruction”)*

1A. Background Information

Students name, current age (and age when entered school - - “early starter”); gender, sexual orientation; ethnic and/or racial and religious background; living circumstances and family constellation; community context (zip code) for level of poverty and violence exposure.

1B. Reasons for Referral or IEP (Individualized Education Plan)

Nature of referral - - by whom? As a result of screening procedures?

Does the student and/or parents see there is a problem? (If needed, use Motivational Interviewing and collaborative goal-setting procedures).

2A. Presenting Behavioral, Emotional and Cognitive Problems

As part of the IEP conduct situational and developmental functional analyses.

Use a Time Line Analysis enumerating stressors and various interventions since birth. Assess for school readiness skills.

2B. Current Level of Functioning

Indicate the student’s level of interpersonal functioning - - peers, siblings, classmates, parents, and ability to follow classroom routines. Evidence of emotional self-regulation.

3A. Evidence of Co-occurring Disorders

Presence of other psychiatric, behavioral, physical and academic challenges that should be addressed. *“In addition behaviors”*

Impact of these challenges on functioning, at school and at home.

4A. Stressors - - Student and Family Experienced (Past and Present)

- a. Daily hassles - - health, employment, familial.
- b. Stressors due to environmental, contextual factors - - poverty, violence, discrimination.
- c. Exposure to Adverse Childhood Experiences (ACE scores) (www.acestudy.org). Note the “pile up” of cumulative ACE events.

- d. Exposure to family stressors – Mental health, substance abuse and antisocial factors run in the family.

5. Interventions Received

- a. What, if any services student and family received. (Include medications, special placements, wrap-around, parent training services, etc).
- b. Probe about level of treatment adherence. Evidence of compliance with the intervention protocol.
- c. Probe about student and parent satisfaction with past intervention. Check FIT with implicit theory of cause of problem and what is now needed to change behavior and meet student's needs.

6. Evidence of Student and Family “Strengths” and Signs of Resilience. (“*In spite of behaviors*”)

- a. Evidence of student's abilities, talents, interests, interpersonal skills, likeability, resilient mindset on part of student, redeeming features.
- b. Familial strengths - - presence of “guardian angel” and social supports
- c. Access to social and cultural resources and services, as applied at the primary, secondary and tertiary levels, including wrap-around interventions.

7. Summary of Risk (Boxes 1 to 5) and Protective Factors (Box 6)

Use Time-line Two (“*In spite of*”) to document evidence of Box 6 behavior (be specific).

8. Collaborative Goal-Setting

- a. Generate **SMART** short-term, intermediate and long-term intervention goals. (Specific, Measurable, Attainable, Relevant and Time-limited objectives).
- b. Use goal-attainment scaling procedures. Identify three goals stated in positive terms and indicate what 0%, 50% and 100% improvement looks like.

9. Consider Possible Barriers

- a. Enumerate student individual potential barriers - - degree of psychopathology, neurobiological limitations, “oppositional” behaviors and presence of external behavioral disorders.
- b. Familial barriers - - lack of social supports, and cooperation, presence of familial distress and familial psychopathology.

- c. Practical barriers - - lack of services, transportation, availability, financial and social resources.

ADDITIONAL RESOURCES

(Visit www.melissainstitute.org/scientific-articles-by-author)

Colleen Cicchetti: Building trauma sensitive school settings practices

Steven Dykstra: A community-based approach to high need children and families (Lessons learned from wrap-around services).

Jim Larson: On the journey to prison: The role of family and schools in the lives of angry and aggressive children.

YouTube Video: “How to turn an aggressive adolescent into a social problem-solver”

<https://www.youtube.com/watch?V=Lkz2CgwOwic>

YouTube Video: “Problem Solving Discourse”

Don Meichenbaum: Ways to implement interventions in schools in order to make them safer, more inviting and pedagogically more effective.

Don Meichenbaum: How to make an aggressive and violent youth: Implications for prevention and treatment.

Don Meichenbaum: Ways to bolster resilience in LGBTQ youth.

Don Meichenbaum: See Video Psychology and Education

Debra Pepler: Making a difference in bullying: Notes for parents and professionals.

Marleen Wong: Helping children cope with violence: A school-based program that works.

Frank Zenere: Response to the shooting at Majory Stoneman Douglas High School.

Principal Checklist and School Safety Procedures: Action Steps.

https://melissainstitute.org/scientific-articles/school-safety_school-violence/

Download PDF and see Tool 5 “A Principal’s Report Card to Make Schools Safe” and Tool 6.

“Program to Increase School Safety”

Also see The Melissa Institute website on bully prevention.

www.teachsafeschools.org/bully-prevention.html

Ways to improve reading abilities.

The Balanced Literacy Diet.

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