



## Introducing the ISST's new Case Conceptualization form and guide (Version 3.8, 2024)

This is the second revision of the ISST's Case Conceptualization form resulting in version 3.8. Version 2 was released in 2018 and the Case Conceptualization committee has been working on this update and revision for over three years. In the process we reviewed examples of the completed form submitted by a number of trainees who had applied for certification, as well as the scores given by the evaluators. This allowed us to identify several problems with the previous form. One clear problem was that the same information about the client's experience could be, and often was, repeated in different sections. We therefore recognized the need to provide a clearer structure and clearer guidance so that this kind of repetition could be avoided.

### **Aims of the Case Conceptualization form**

The Case Conceptualization form is not intended to be for everyday clinical use. That is, it is not expected that schema therapists will routinely use this form for all or even most of the cases they work with in practice. It is far too extensive and detailed for that. However, the overall structure of the Case Conceptualization form does provide a useful reference for trainees and supervisors of the range of factors that need to be assessed in cases to be treated with schema therapy, and of the central concepts involved in case conceptualization.

Mainly, though, it is intended to be used in evaluating applicants for certification, and as a tool for training, as set out below:

#### **1. Evaluation for certification**

First it serves as a means of evaluating the extent to which those applying to the ISST for certification understand and are able to implement the case conceptualization process. Anyone who wishes to obtain ISST certification must demonstrate, through the way they complete the form that they have the insight and skills to apply the central concepts of the schema therapy model to the specific case from which they are presenting a session recording for evaluation.

#### **2. Training tool**

Second it is intended as a training tool. In the 40 hours of basic training required by the ISST, there is little time to do more than introduce the principles of case conceptualization. The application of the case conceptualization process needs to be learned from practicing it with specific cases, supported by regular supervision. Using the Case Conceptualization form with a few cases will direct a trainee's attention to the specific steps that are involved in conceptualizing a case clearly. These steps have been articulated far more clearly and with more specific guidance in the new 2024 version. Following these steps in the process of completing the form will therefore provide a structured learning experience that will guide and strengthen case conceptualization skills.

Trainers are not expected to show trainees how to work with this form as part of the basic 40-hour training course. It is recommended that, at most, the form is introduced briefly during the introductory course. Later, as part of the supervision process, trainees can start completing it for one or two of their cases, cases that they are likely to draw on for a recording to submit for evaluation for certification purposes.

## **General structure and function of the new Case Conceptualisation Form**

This new version of the Case Conceptualization form articulates the relationship between the central aspects that are relevant to the conceptualization of cases:

- It calls for an understanding of:
  - Current problems in the client’s life across all important life areas.
  - The client’s developmental history with particular attention to adversity, unmet needs, and early maladaptive schema formation.
  - The client’s current strengths and capabilities with respect to Healthy Adult functioning
  - The various schema modes and their relationships.
  - How self-defeating coping patterns are perpetuating maladaptive schema patterns.
- All this, in turn, provides a basis for:
  - Important decisions about how to manage the therapeutic relationship.
  - The setting of appropriate goals.
  - The planning and implementation of treatment.

The form therefore sets a new standard of quality for case conceptualization within the ISST.

## **How and when to use the Case Conceptualisation Form**

### **Cases for evaluation as part of the certification process**

As already noted, applying the case conceptualization in full to one or two cases will probably be enough to provide the guidance needed for trainees to consolidate the requisite skills. The ISST only requires that the form be completed for those cases where recordings are submitted for evaluation as part of the certification process. Supervisors and Trainers can make their own decisions about encouraging or requiring trainees to use it for other cases.

### **Fine tuning supervisor and trainer skills**

Supervisors and Trainers will also benefit from the new Case Conceptualization form. Particularly for those who recognize that there are limitations to their own skills in the area of case conceptualization, the new form offers a means of upskilling so that they can feel more confident both in the role of supervisor and when performing evaluations of recordings and Case Conceptualizations submitted by applicants for certification. The ISST will be developing webinars and workshops for training in the use of the form that will contribute to this.

## **Accommodating new advances to the Schema Therapy model**

The core approach to case conceptualization has not changed much since the beginning. However, some concepts are continually being explored and reviewed and new perspectives introduced on an ongoing basis. This applies to recent suggestions for expanding the list of early maladaptive schemas, to the recognition and naming of schema modes, and to the manner in which core needs are conceptualized. This reflects the creativity of the ISST community.

It is not intended that this form will be prescriptive in relation to such developments. With respect to modes, for example, the form is built round the central categorization into Healthy Adult, Child, Parent and coping modes, which remains unchanged. However, there is room for some diversity with respect to how specific modes are named and understood within these broad categories. Among researchers and trainers there have been many suggestions about the utility of recognizing sub-modes within the broad mode categories. These are mostly not new modes, but differentiations within existing modes. To accommodate this, we provide two lists of modes: 1) a basic list of the modes that are universally recognized and 2) an extended list of modes that have featured significantly in the recent literature and which many trainers and supervisors have found clinically useful in conceptualizing cases.

## **Response to feedback and acknowledgements**

We would like to thank the many ISST members who gave us feedback, both formally and informally, as this new form was being developed. The form has greatly benefitted from, and been improved by, this feedback. We are particularly grateful to George Lockwood for helping us revise section 7.2 on core needs to bring it into line with recent advances in research evidence.

On some issues we had to make a decision about how to handle different perspectives. This applies to the section 4 on diagnostic perspective, which some members did not want to include at all. We believe it is important to include it, and the reasons are given in detail in the Case Conceptualization Guide on page 2.

Finally, we would like to thank Jeff Conway who was chair of the Case Conceptualization Committee until the end of 2022. He resigned as chair so that he could give his full attention to his role as ISST President. He was heavily involved in and made significant contributions to the development and refinement of the new form and guide.

**ISST Case Conceptualization committee:** David Edwards (chair),  
Poul Perris, Vartouhi Ohanian, Tijana Mirovic.

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