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The presentation contains preliminary findings from a scoping review of systemic case conceptualization methods. The corresponding manuscript is currently in the publication process.

Systemic Case Conceptualization Methods - A systematic overview and comparison



Silvia Scholz

Silvia.scholz@uni-wh.de

EFTA RESEARCH CAFE

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Thanks to the people supporting me on this project!



My team at Witten/Herdecke university

My students:

Christina Koppenhagen, Liliane Wagener, Sofia Meißner, Marina Gergenreiter, Meriana Ophaus, Leoni Mohr, Christine Gockeln



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Hunger-Schoppe**



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sysTelios Think-Tank

(General) Definition of case conceptualization

1. **Describe and structure:** relevant information about the individual client system
2. **Explain:** the development and maintenance of interaction, behavior, and experience patterns perceived as problematic
3. **Derive interventions:** relevant and tailored



*

(Sperry, 2005)



Differences in ...

- **Influencing factors considered relevant:** cognitions, emotions, relationships ...
- **Explanatory approaches:** schemas, the unconscious, interpersonal patterns
- **Role and relationship of therapist and client:** activity, directiveness, degree of collaboration
- Process of developing, sharing, and using the case formulation in psychotherapy
- **Information sources:** observations, interviews/questioning, therapists' felt sense, theory ...



(Bucci, French, & Berry, 2016; MacDonald & Mikes-Liu, 2009)

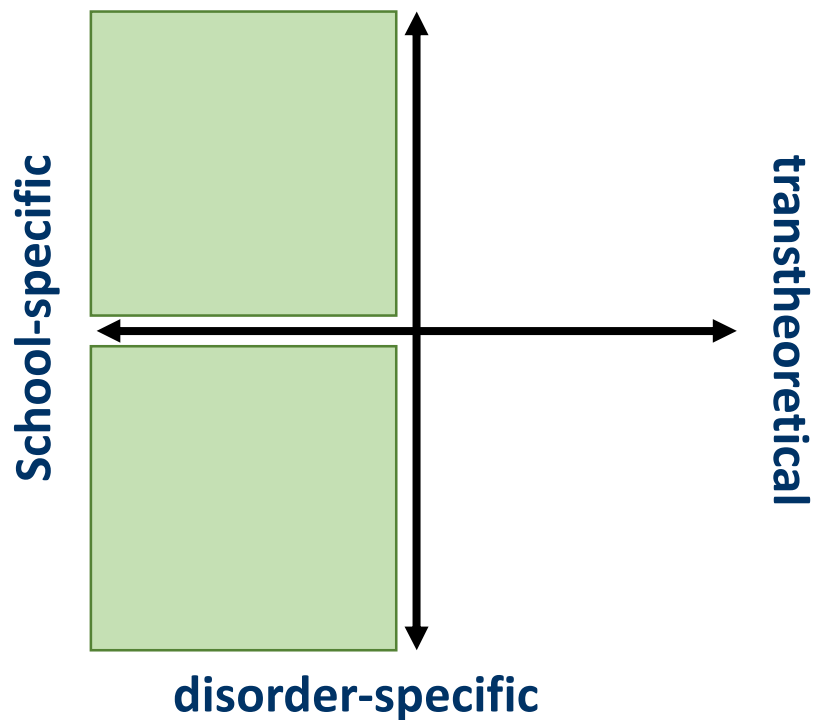
Introduction

- APA Presidential Task Force on Evidence-Based Practice (2006): case conceptualization is deemed essential for the effectiveness of psychological practice
- Supervisors and educational institutions see it as a core competency for psychotherapists (Sperry, 2005; Fouad et al., 2009)
- Because of its comprehensibility, case conceptualization helps to **improve quality assurance** and support therapists to meet their **accountability towards clients and health insurances** (Barber & Crits-Christoph, 1993; Mumma & Mooney, 2007)
- Helps to reduce complexity of gathered information, fosters agency of therapist and client

Research on (systemic) case conceptualization

- Research started in 1990s and developed different lines of research:

generic, transdiagnostic



- validity & reliability
- relevant processes
- Quality
- relationship with therapist variables
- effectiveness compared with standardized treatments, e.g. regarding symptom outcomes (Kramer, 2020)



systemic therapy is not represented in the existing overviews and reviews about case conceptualization in psychotherapy! (Sperry et al., 2005)

Research questions



1.1: **What case conceptualization methods exist** in systemic psychotherapy?



1.2: What are the **core elements and distinguishing aspects** of case conceptualization methods in systemic psychotherapy?



2.1: **Which kind of evidence is generated** on case conceptualization methods in systemic psychotherapy?



2.2: **Which directions for future research are given** by the study authors regarding the research on case conceptualization methods in systemic psychotherapy?

Method: Scoping Review and Eligibility Criteria

- Protocol and Review according to PRISMA-ScR guideline: <https://osf.io/52nya>



Inclusion criteria:

- ☒ Abstract: English
- ☒ Population: children, adolescents, and adults worldwide, with no disorder-specific restrictions
- ☒ Context: outpatient and inpatient psychotherapy, individual or multi-person settings, mental health coaching
- ☒ Study type: no restrictions
- ☒ Concept: systemic case formulation method
 - Theoretical background, mode of delivery (Braus et al., 2021; 2025)
 - Integrative methods (>50% systemic)
 - Rule based, claim to reproducibility

Exclusion criteria:

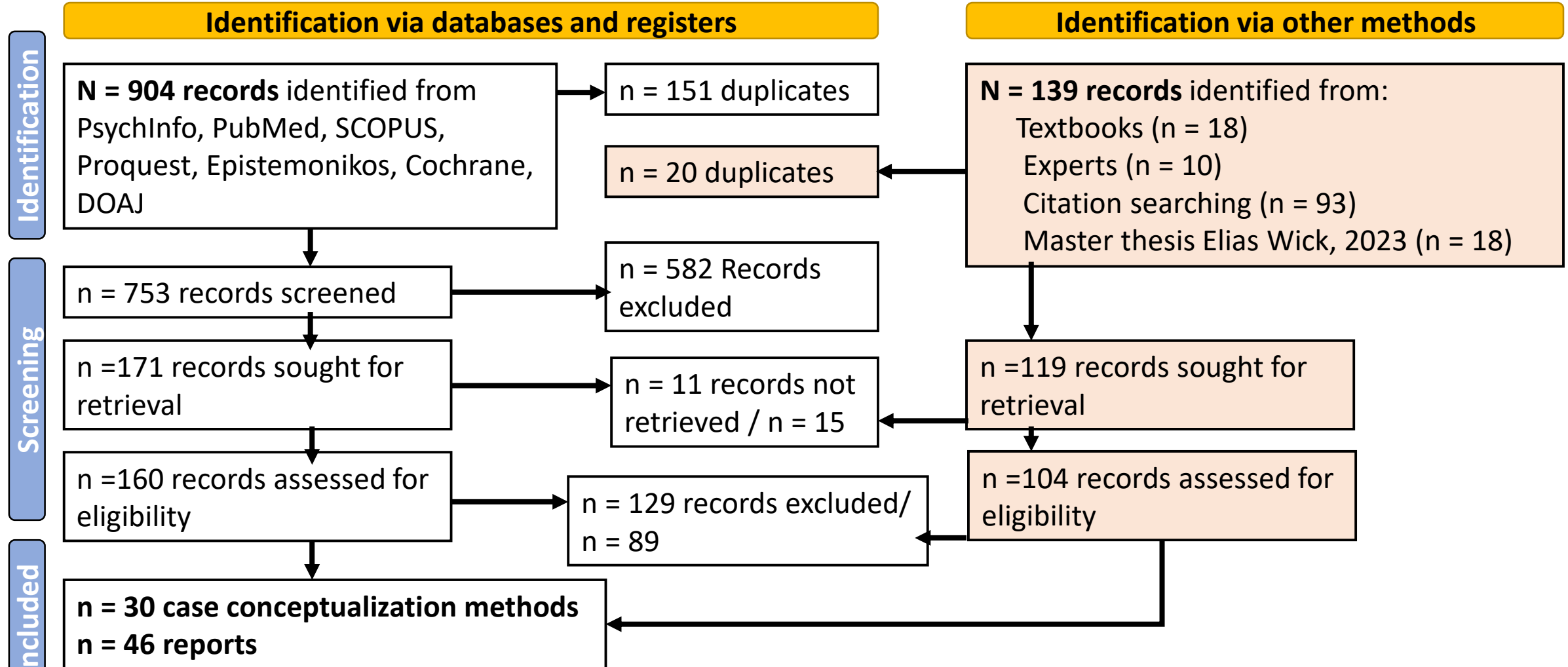
- ☐ Couple/family therapy case formulation methods based on a different theoretical background
- ☐ Case formulation mentioned only as part of routine care
- ☐ Trans-theoretical approaches
- ☐ Expansion of a case formulation with new substantive findings

Method: Search string(s)

- Braus et al., 2021; 2025 & pilot search 2023: Optimization of the search string regarding precision and sensitivity for systemic therapy:

Step	Operator	Search Field	Search String PsychInfo
1. Case formulation		AB OR TI OR KW Abstract, Title, Keywords	"clinical case formulation*" OR "case formulation*" OR "case concept*" OR "case conceptualization*" OR "formulation*" OR "idiographic system modeling"
2. Systemic	AND	AB OR TI OR KW Abstract, Title, Keywords	"systems approach" OR "systemic therap*" OR "systems therap*" OR "multisystemic" OR "family systems" OR "family therap*" OR "family psychotherapy*" OR "family-based treatment*" OR "parent-based treatment*" OR "couple therap*" OR "conjoint therap*" OR "adjunctive therap*" OR "ecosystems therap*" OR "structural therap*" OR "strategic therap*" OR "brief strategic therap*" OR "solution focused*" OR "solution-focused therap*" OR "narrative therap*" OR Maudsley OR Milan OR "McMaster model" OR "Olson model" OR "Beavers model" OR "multi-family therap*" OR "structural-strategic therap*" OR Anderson OR Bateson OR Epston OR Shazer OR Haley OR Minuchin OR Satir OR Palazzoli OR Stierlin OR Boszormenyi-Nagy OR Watzlawick OR "Michael White" OR "Marital and Family Therap*" OR "Couple and Family Therap*" OR CFT OR MFT OR "systems oriented" OR "systemic family therap*" OR "systemic couple therap*" OR Post-Milan OR "dialogic therap*" OR "open-dialogue approach" OR collaborative therap*" OR "reflecting team*" OR "social constructionist therap*" OR "constructivist therap*" OR "genogram" OR "Maudsley family therapy" OR "Family based treatment"
3. Context: Psychotherapy	AND	TX All Text	Psychotherapy OR psychotherapies OR counsel* OR "Psychotherapeutic counsel*" OR psychotherapeutic OR treating OR clinician* OR "systemic practice" OR "therapy session*" OR "couple intervention*" OR "structural family therapy orientation" OR "psychological practitioners" OR "clinical training"

Method: Flow chart



Method: Coding



- 8 rater (at least 2 rater per record): 77% - 89% agreement for screening, consensus rating for full texts
- Codebook:
 - 29 codes in 12 categories for studies
 - 38 codes in 24 categories for method descriptions

Context:

- Definition of case conceptualization
- Role of the therapist (directivity, objectivity, expert position)
- Information sources
- Timepoint and context of usage in therapy
- ...

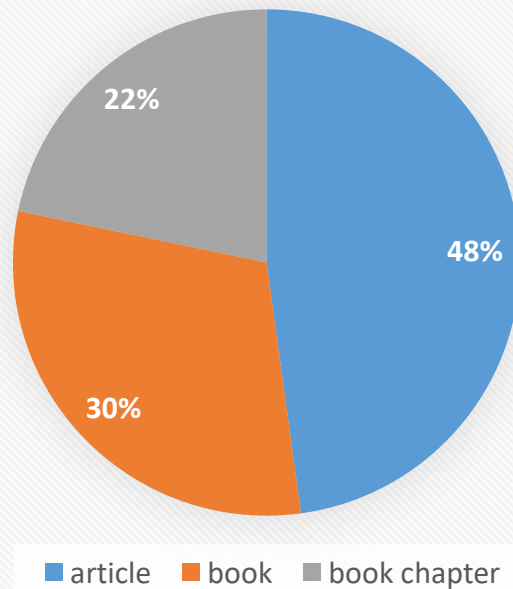
Content:

- Development process
- Handling of diagnoses and symptoms
- Explanatory approaches
- Target system, degree of individualization
- Use of figures, case examples
- ...

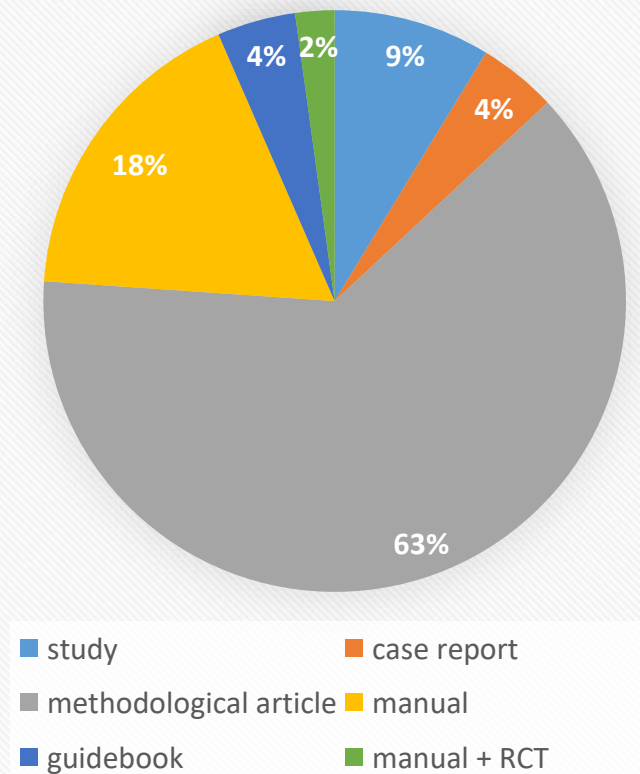
Results: sample description

- N = 46 records of n = 30 methods
- For 10 methods (33%) multiple publications were identified
- Three-column formulation model (n = 4, same author)
- (poststructural) narrative model (n = 3 different authors)

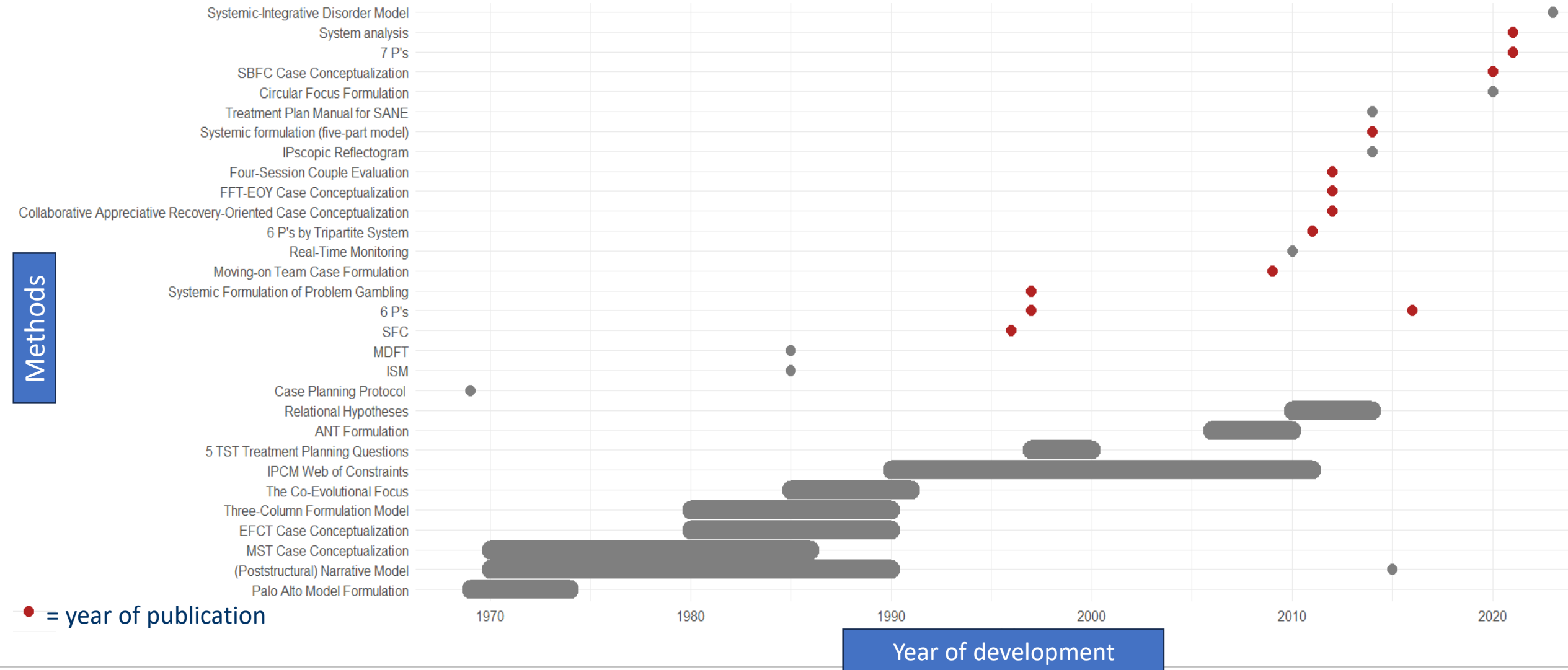
publication format



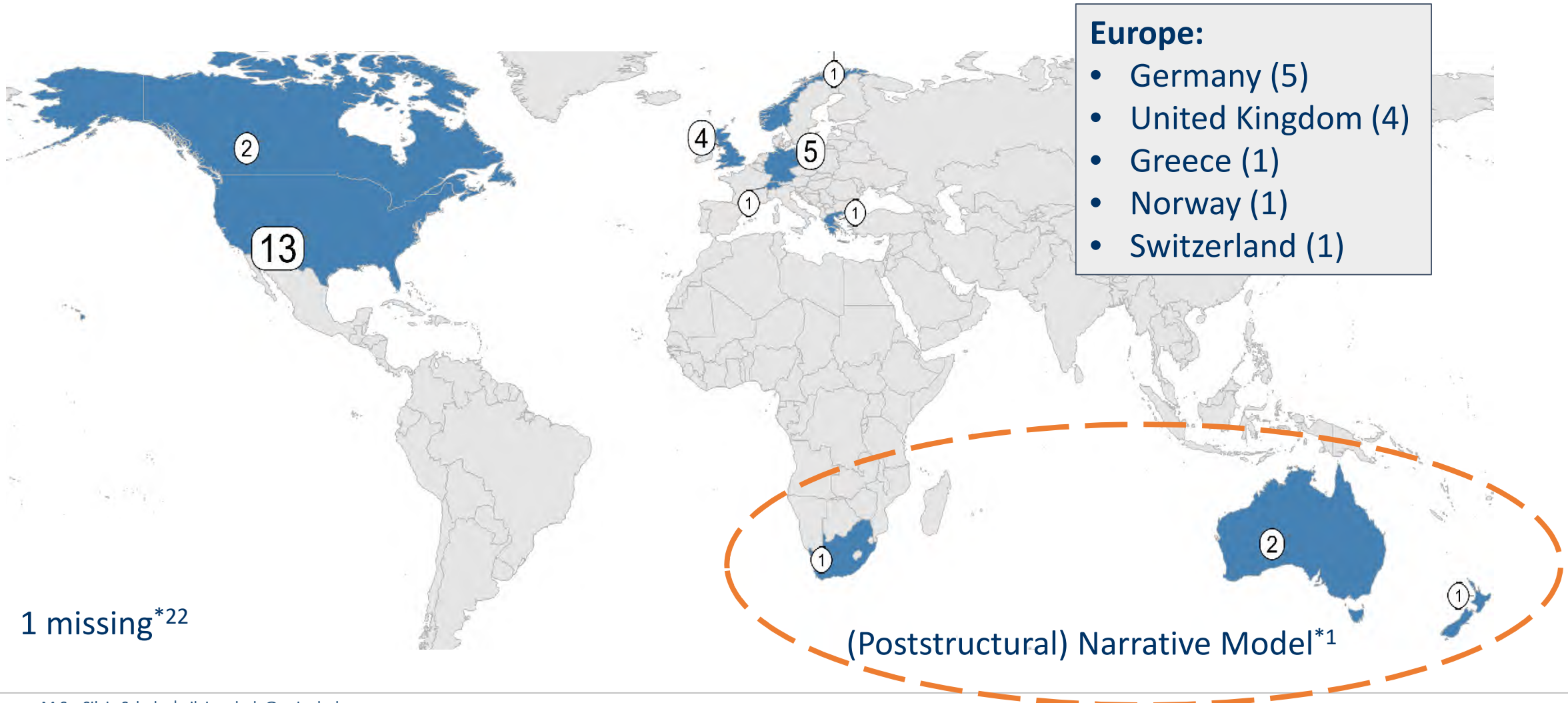
publication type



Results: Year of development



Results: Origin of case conceptualization methods (affiliation of developer)



Results: Theoretical concepts

- almost all methods name several theoretical concepts
- 1) **Social constructionism, narrative theory (9 mentions):** partial knowledge, as a linguistic creation formed by social interchange
- 2) **Social constructivism (5):** social and individual; two methods argue it's an emerging feature of self-organization (spontaneous order formation)
- 3) **Radical constructivism (1)**
- 4) **Systems theory (6):** nested systems, behavior in context, wholeness, self-regulation, homeostasis, feedback
- 5) **Complex systems theory (6):** Complexity, chaos, nonlinear dynamic systems, self-organization
- 6) **Family systems theory (4):** e.g. triangulation
- 7) **Attachment theory (3)**

Single systemic-related concepts:

- Bronfenbrenner's ecological model (6)
- Structural concepts, Minuchin (4): individuation, relatedness, boundaries, homeostasis, disequilibrium
- Solution-focused clinical theories (2)
- „Cybern-Ethics“, von Förster (1)
- Constrain theory, Bateson (1)

Other concepts:

- Postmodern therapy theories (2)
- Neurobiological (1)
- Cognitive-behavioral (3)
- Psychodynamic development theory (1)
- Biopsychosocial model (2)
- Humanistic principles (1)
- Feminist theory (1)
- Social justice perspectives (1)
- Philosophy (2)

Results: Clinical approaches

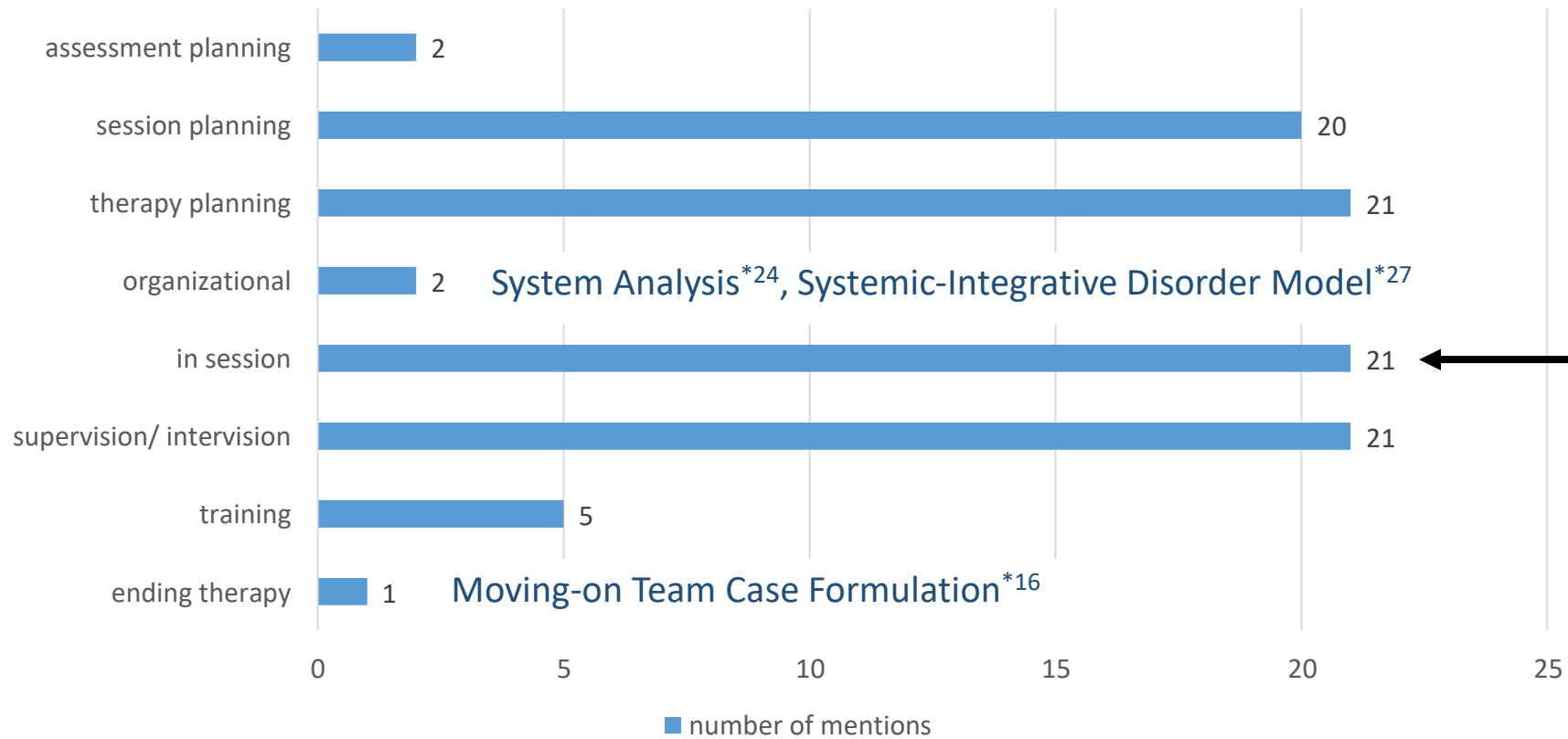
Integrative Approaches (10 mentions), e.g.:

- ISM^{*13}, Real-Time Monitoring^{*20} meta-theoretical approach: complex systems theory as framework to integrate different therapy schools, open for any content
- Circular focus formulation^{*8} and Three-column formulation^{*29} integrate different systemic theories and approaches (structural, strategic, brief, Milan, constructivism, social constructionism, family therapy respective post-milan, solution-focus, cybern-ethics, relational individuation)
- IPCM^{*14} and 4-session couple evaluation^{*12} form a meta-theory for integrating different systemic theories and empirical data
- Co-evolutional focus^{*28} integrates a developmental psychodynamic approach with family systems theory (Strupp and Binder, 1984/1991; Watzlawick, Weakland, & Fish, 1974)

Other approaches (20 mentions), e.g.:

- Bateson Family Therapy
- Brief, Strategic Therapy
- Brief Solution Focused Therapy
- Eating Disorder Focused Family Therapy (FT-ED)
- Emotion-Focused Couple Therapy (EFCT)
- Family-Focused Therapy
- Functional Family Therapy
- Multidimensional Family Therapy
- Multisystemic Therapy
- Narrative and poststructural approaches
- Relational / Attachment approaches
- Structural Family Therapy
- Systemic couple and family approaches
- Trauma Systems Therapy (TST)

Results: Context of Usage



- reflect, evaluate, adapt/refine
- monitoring, feedback
- shared understanding
- during visits of the family, relevant others

Results: Degree of adaptability and participation

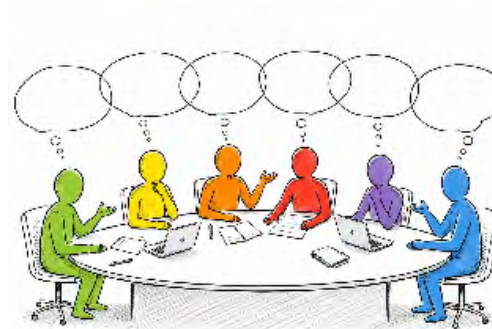
Degree of participation (0-8)

- expert - collaborative stance during development (0-2)
- expert - collaborative stance during usage (0-2)
- directive – non-directive therapists position (0-2)
- Cybernetic position:
 - First order cybernetics
 - Second order cybernetics
 - Second order cybernetics represented in procedure

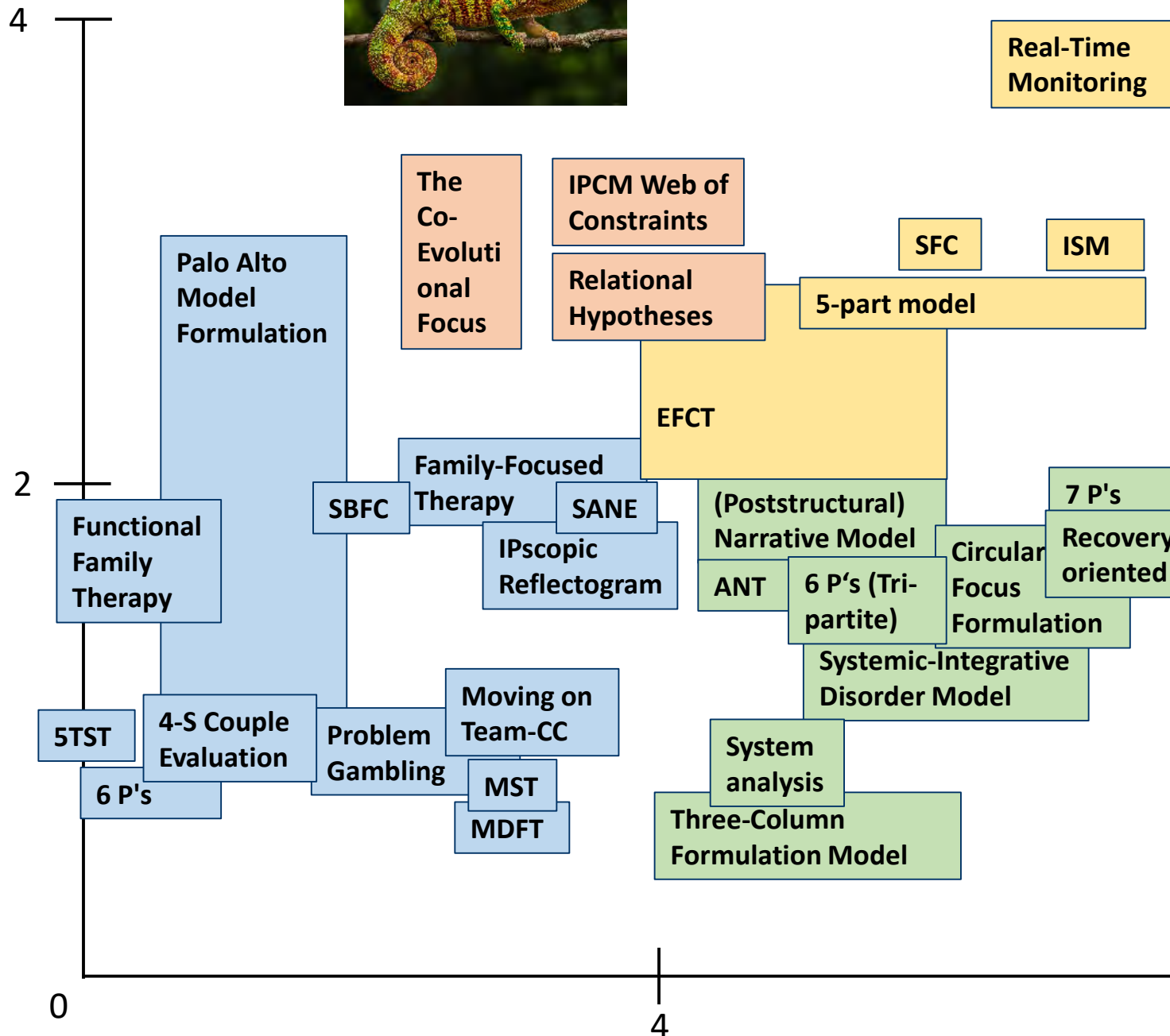


Degree of adaptability (0-4)

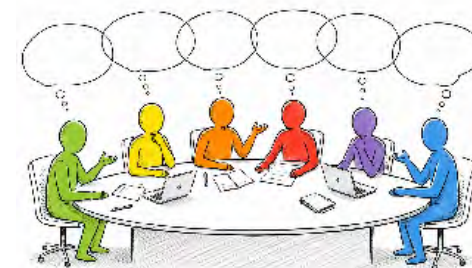
- standardization – individualization (0-2)
 - 0 = highly predefined content categories and procedure
 - 1 = some degrees of freedom regarding content and structure
 - 2 = free content, high degrees of freedom regarding structure
- single use – process usage (0-2)
 - 0 = conducted at the beginning of therapy, no further revision or usage
 - 1 = refined at multiple defined timepoints during therapy
 - 2 = continuous process of reflection and refinement



Degree of Adaptability

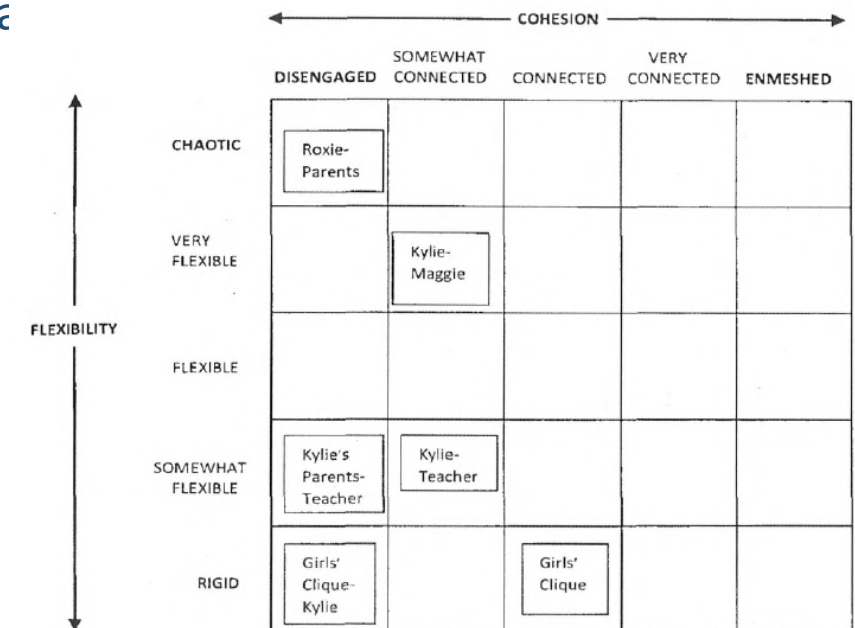
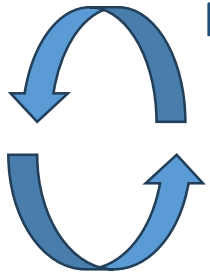


Degree of Participation



Results: Construction

- **Step-wise / modular concept:** e.g. 6 P's^{*3}, 6 P's by Tripartite System^{*4}, 7 P's^{*5}, System analysis^{*24}
 - Problem, Process, Pattern, Proximity, Power, Possibilities
 - People, Predisposing, Precipitating, Presenting Problem, Perpetuating, Protective factors, Plans
- **Interaction-Pattern analysis (network):** e.g. IPscopic Reflectograph Relational hypotheses^{*21}
- **Matrix approach:** e.g. SBFC^{*22}, IPCM Web of constraints^{*14}



Results: Use of figures

- 11 methods (37%) used some form of visualization:

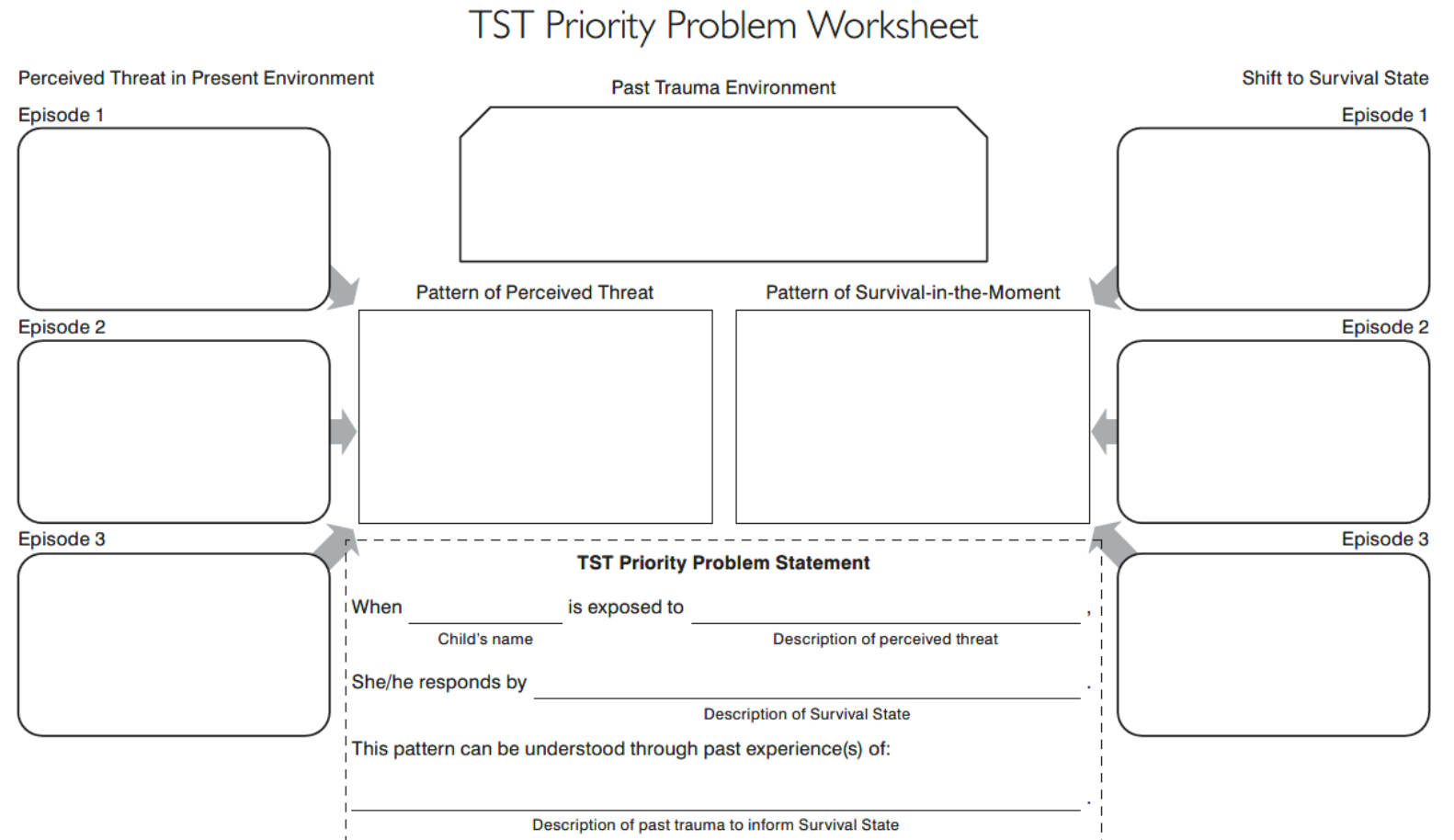
System analysis^{*24}

Systemanalyse

Kontext- faktoren	
Belastende Faktoren (A)	
– aktuell	
– ggf. auslö- sende Um- stände	
Summation früherer Belas- tungen (2)	
Ressourcen- analyse (B)	
Störungsrele- vante Muster	
– somatische Muster	
– innerpsychi- sche Muster	

Results: Use of figures

5 Trauma Systems Therapy Treatment Planning Questions*²

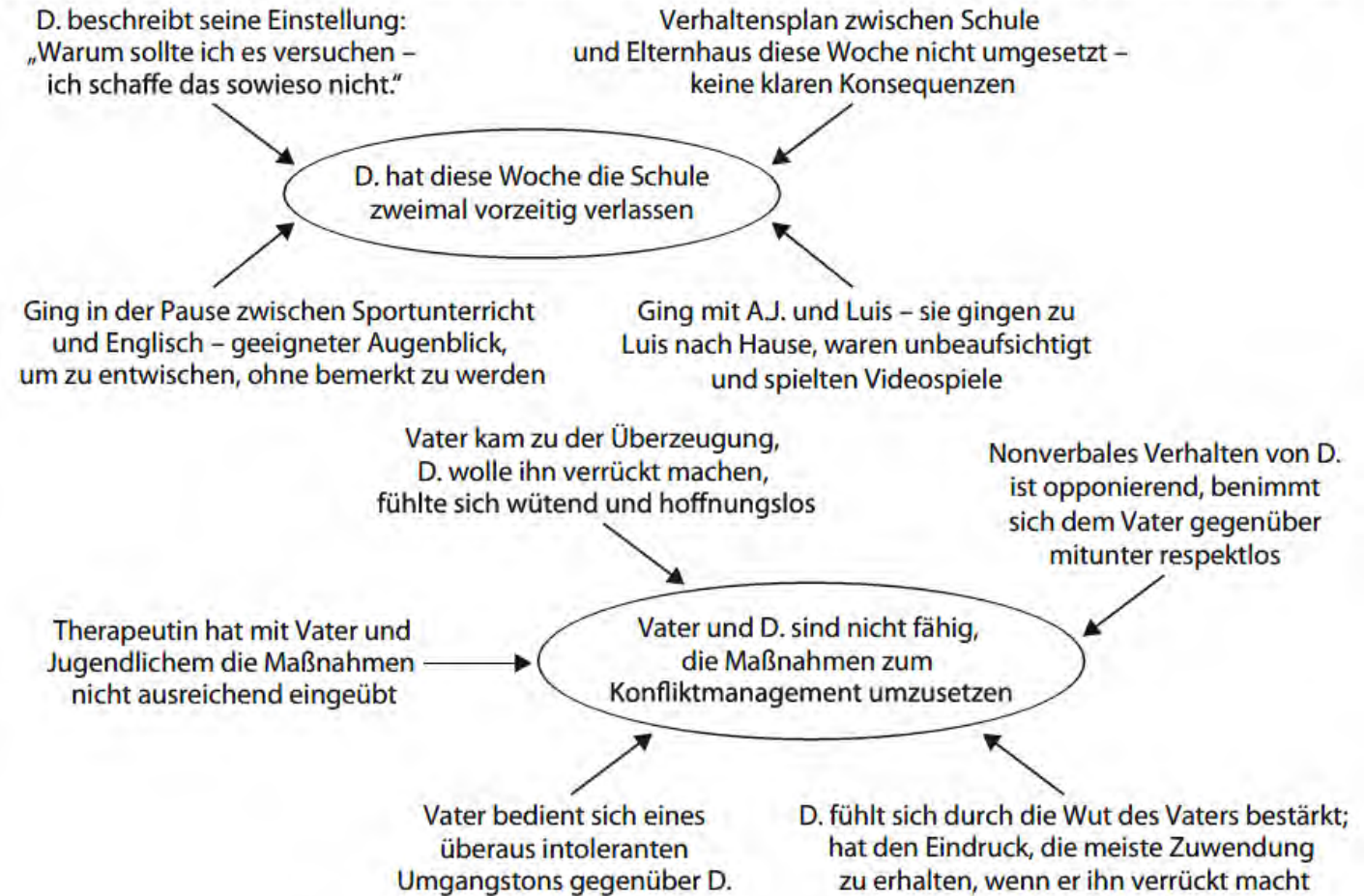


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Results: Use of figures

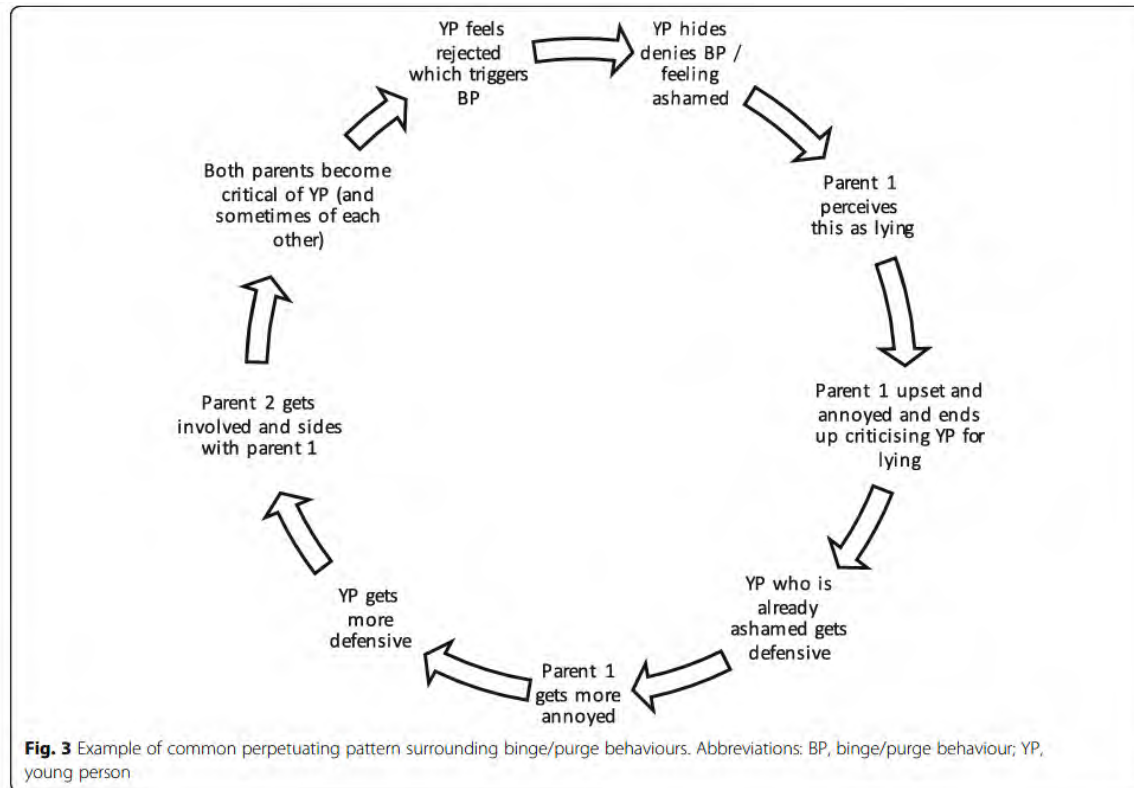
Multi Systemic Therapy Case Conceptualization^{*18}

V. Erhebung der „Passung“ zwischen den bestehenden Problemen und ihrem weiteren systemischen Kontext

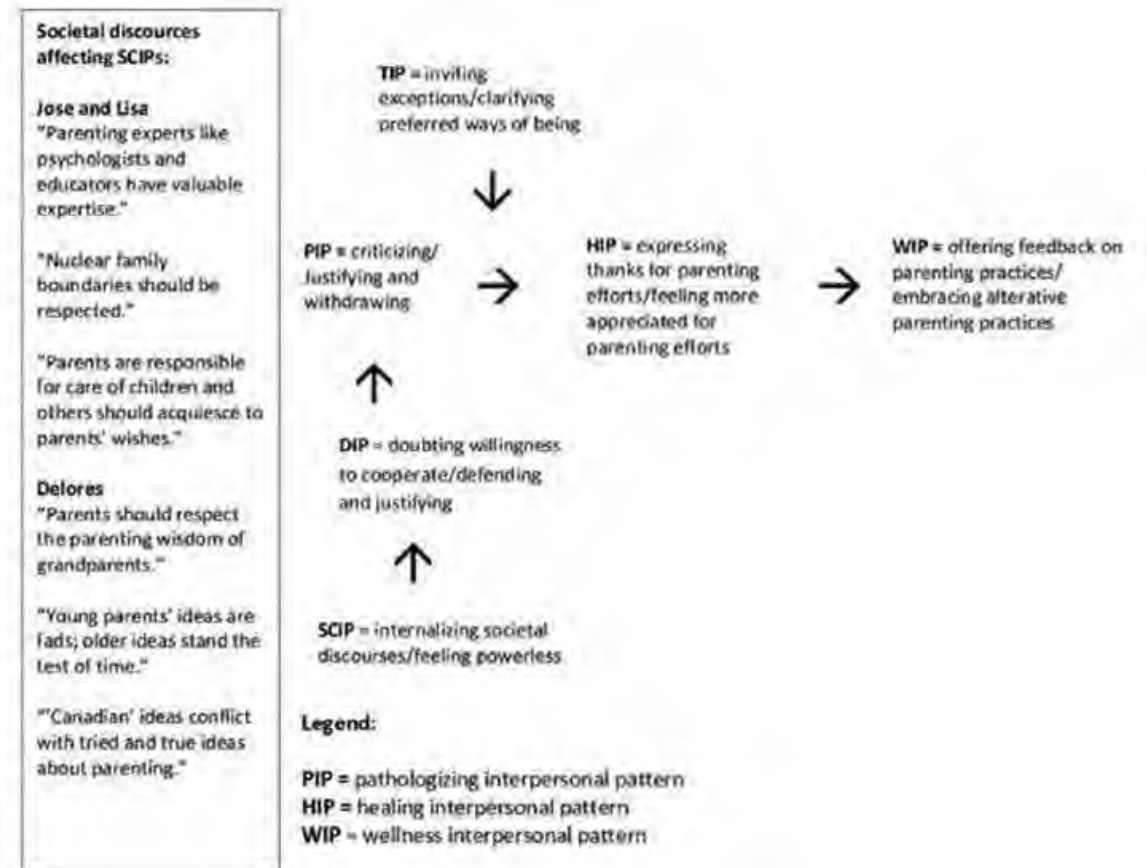


Results: Use of figures

7 P's^{*5}



Interpersonal Patterns Scope Reflectogram^{*15}



Results: Use of figures

Synergetic Process Management:
Idiographic System Modeling^{*13} and
Real-Time Monitoring^{*20}

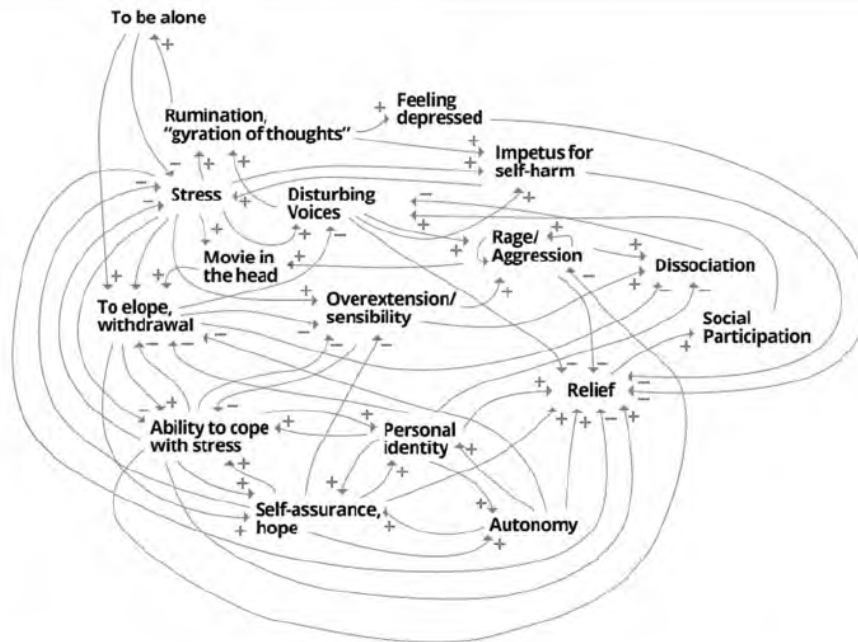
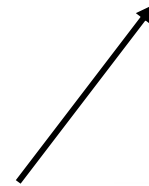


FIGURE 1 | The idiographic system model of Mrs. A. A synopsis of psycho- and socio-dynamical aspects of the patient's experiences.

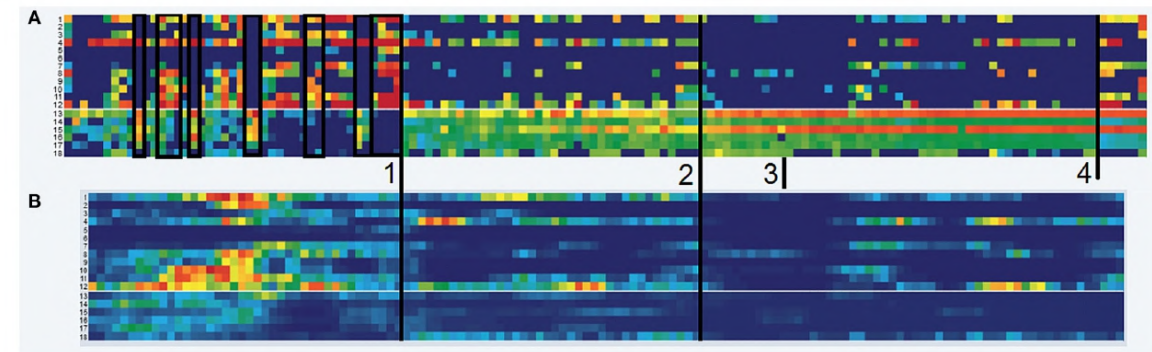
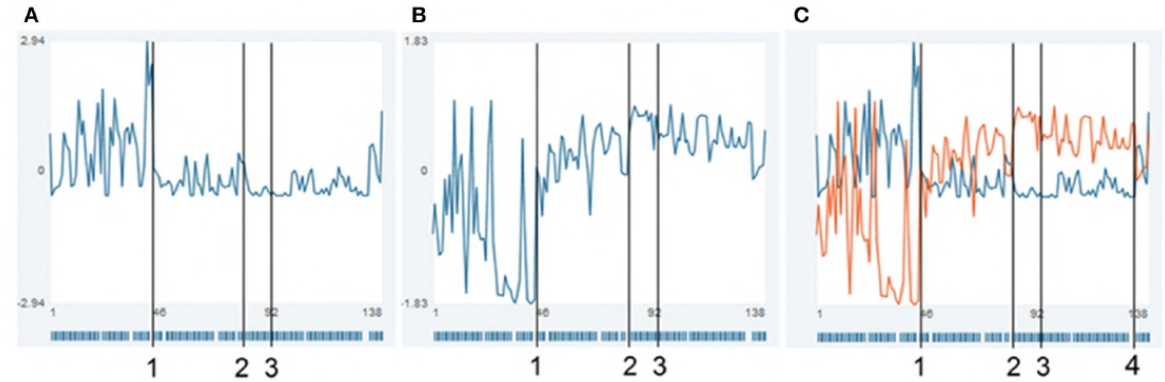


FIGURE 4 | Raw data resonance diagram and complexity resonance diagram. (A) Raw-data Resonance Diagram. Depicted are the manifestations of the time

Results: Use of figures

Integrative Problem Centered Metaframeworks Web of Constraints^{*14}

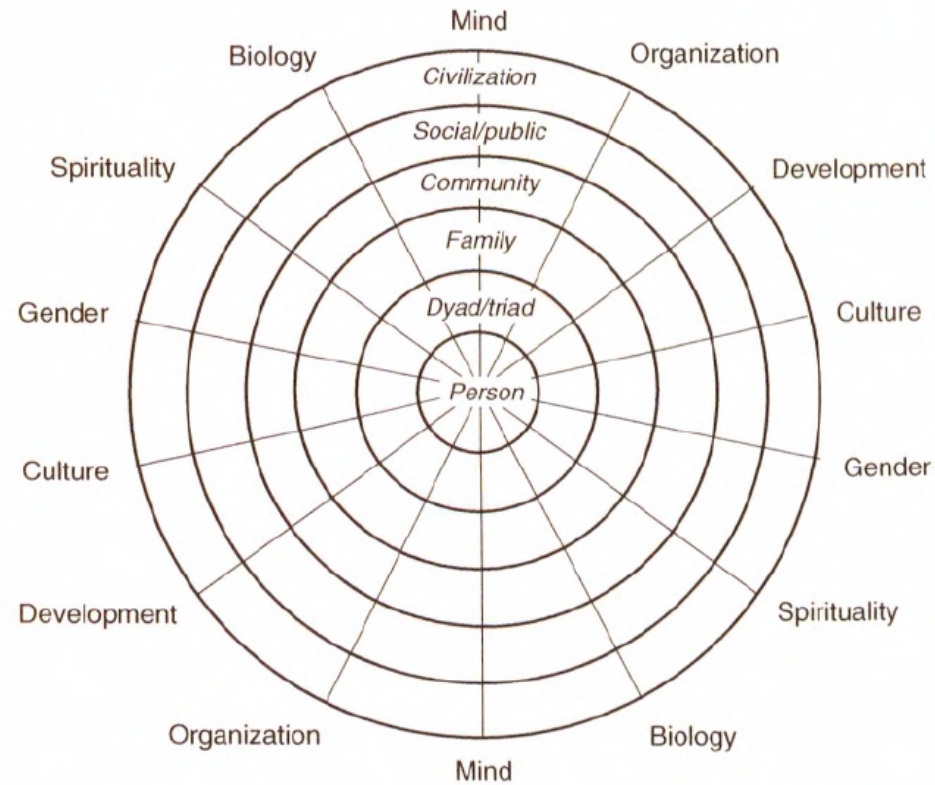


Figure 4.2. Integrative systemic therapy web of human experience. From "Integrative Problem-Centered Metaframeworks Therapy I: Core Concepts and Hypothesizing," by D. C. Breunlin, W. Pinsof, W. P. Russell, and J. Lebow, 2011, *Family Process*, 50, p. 301. Copyright 2011 by John Wiley & Sons. Reprinted with permission.

Results: Target system of case conceptualization

- 12 methods (40%) construct for a predefined target system (e.g. adolescents and their families)
- 18 methods (60%) allow for a range of target systems



Individual

Only: 2
(6.7%)

Flexible: 15
(50%)



Dyad

Only: 3 (10%)

Flexible: 18
(60%)



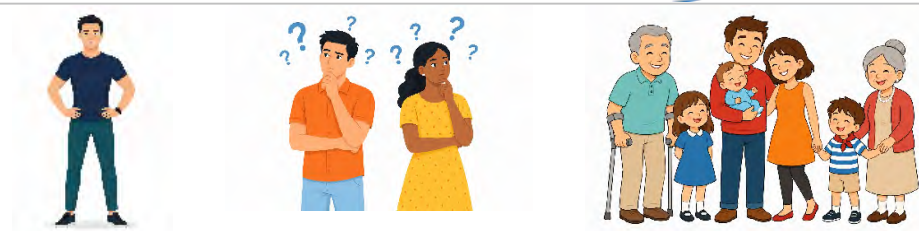
Triad+

Only: 7
(23.3%)

Flexible: 17
(56.7%)

- Almost one third of the methods define very specific client systems (e.g. drug-abusing, delinquent adolescents and their social network, MDFT^{*17}), often in terms of symptoms, less often in terms of context
- Target system size: 1 index client – whole school class or therapy group
- One index client presenting symptoms, embedded in social network vs. mutual contribution of maintaining and resolving problems

Results: Reasoning for target system



- For the majority of cc methods (18 methods, 60%) a discussion about appropriate target system is provided
- ! Huge variety in extent

1) Reasons for choosing a multi-person setting / criteria for multi-person instead of individual setting (8 methods)

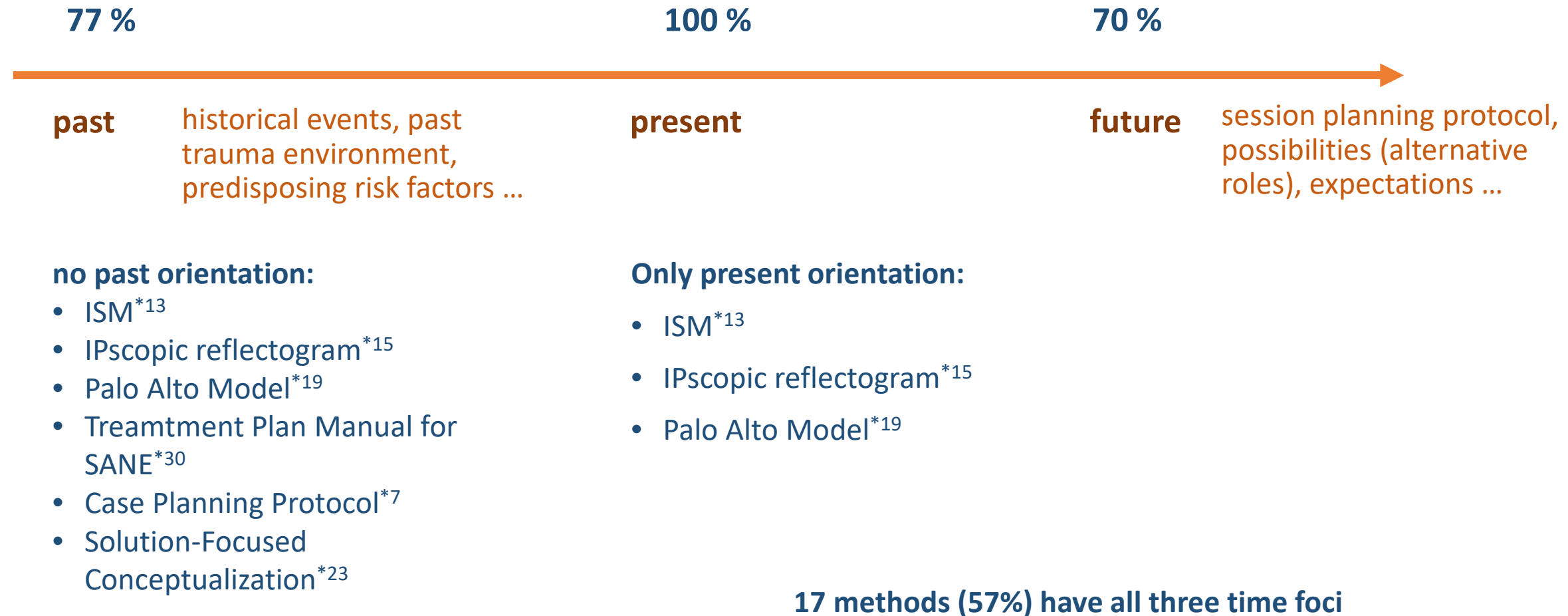
- Strong interconnection of symptom burden and social interactions (symptom is situated between persons)
- Higher ecological validity, easier transfer of achievements, higher effectiveness of interventions ...
- Criteria: wish, problem is highly relational, significant other is perceived as burden or resource

2) Provide explanation for chosen fixed target system (2 methods)

3) Provide a rational for choosing an appropriate target system (8 methods)

- Circular Focus Formulation^{*8}: 4 selection criteria for significant others (e.g. co-chronifies the anxiety by protecting and caring for the index client)
- „Primary customer“ (Three-Column formulation model^{*29}); „key clients“ (IPCM web of constraints^{*14})
- „there is no rigid indication for a specific target system“ (System Analysis^{*24})

Results: Time focus of the case conceptualization



Results: Dealing with Diagnoses

- **7 methods are disorder specific (23%)**
 - gambling addiction^{*26}
 - antisocial behavior^{*18} + drug abuse^{*17}
 - eating disorders^{*5}
 - post-traumatic disorder^{*2}
 - social anxiety disorder^{*8}
 - (at risk for) bipolar disorder or psychosis^{*11}
- 90% discussed the topic „dealing with diagnoses“

- 1) **Diagnosis as insufficient, reductive, potentially pathologizing**
 - narrowing attention to “having” instead of “doing”
 - social control
- 2) **Pragmatic stance towards diagnosis**
 - useful in specific contexts
 - no complete explanation, starting point
- 3) **Alternatives to diagnosis**
 - relational processes, family organization, social context, resources, meaning-making
 - moving from individual pathology to systemic formulation
- 4) **Both/and position**
 - compability of disorder-specific interventions and an idiographic, systemic, salutogenic practice
- 5) **Client-sensitive use of diagnosis**
 - working hypothesis, social negotiation
- 6) **Absence of diagnosis (minority)**

Results: Miscellaneous

- Palo Alto Model Formulation^{*19} argues for benefits of strategic therapy compared to more collaborative approaches; Moving-on Team Case Formulation^{*16} provides potential positive and negative effects of sharing the formulation with clients
- System analysis^{*24} differentiates between implicit and explicit case conceptualization
- Four-Session Couple Evaluation^{*12} and 6P's (Tripartite)^{*4} differentiate between case conceptualization and case formulation
- Poststructural Narrative Model^{*1} discusses concerns about case conceptualization from a narrative perspective
- Berman, 1997: Case Conceptualization and Treatment Planning - Exercises for integrating theory with clinical practice
- **Treatment plan manual SANE^{*30} provides questions therapists can ask themselves to provide personal growth in all four categories of the model**
- **Team case formulations: Moving-on Team Case Formulation^{*16}; Case Planning Protocol^{*7}**
- **Systemic formulation (5-part-model)^{*25} offers multiple case conceptualizations for the same case example + checklist for usefulness test of a case conceptualization (Butler, 1998)**
- 7 P's^{*5} provides 5 essential criteria by Kuyken for formulation to be evidence-based

Results: Empirical Evidence

- 4 studies (high heterogeneity, 1 qualitative multicentre study, 1 mixed-methods, 2 quantitative)
- Only one study conducted research on a case conceptualization method retrieved by this scoping review: ISM^{*13} (van den Bergh et al., 2024)
- Zeiler et al., 2025 and Allen et al., 2016 focused on the vicious flower respective case formulation letters, used within MANTRA/a
- **Focus: Case Formulating Rating Schemes:**
 - 1) **Clinical Assessment Rating Scale for 1st order cybernetics** (Walter, 2000), 73% inter-rater consistency
 - 5 levels (Intrapsychic/Individual-Contextual Non-Causal; Individual/Contextual Linear Causal; Simple Cybernetic Systems; Complex Systems Non-Linear; Holistic System); 4 dimensions (focus, pathology, causality, intervention)
 - 2) **Systemic Thinking Rating Scale for 2nd order cybernetics** (Shi & Schweitzer, 2014), Cohen's $k = 0.774$
 - 5 levels (purely problem orientation, non constructivist; predominantly problem orientation, non constructivist; partly problem orientation, partly resource orientation, somewhat constructivist; predominantly resource orientation, somewhat constructivist; purely resource orientation, evidently constructivist); 2 dimensions: solution/resource oriented thinking; constructivist thinking
 - 3) **MANTRA-Case Formulation Rating Scheme** (Allen et al., 2016)
 - Adherence to MANTRA model (3 items, e.g. addressing development and maintenance of AN); adherence to MANTRA style (4 items, e.g. collaborative, affirming language); 4-point scale 0 (no attention to area) to 3 (strong attention to area)

Discussion: Conclusion, Strengths and Limitations

- **impressive methodological diversity**
 - many options for research and practice
 - too confusing, increases insecurity in training, arbitrariness of conceptualization?
 - **unique systemic perspective on case conceptualization**
 - not only describe, explain, derive interventions but create shared meaning, hypothesize, case conceptualization as a potential intervention
 - choosing the target system and setting is part of the case conceptualization
 - **thin empirical data**
 - research is difficult to implement, because of many different factors on different levels
 - case conceptualization is idiographic, research often on group level
-
- + Broad search in different sources
 - + Tried to capture methods from different geographic locations and cultural backgrounds
 - + Preregistration, two coders, adherence to PRISMA guidelines
 - + First scoping review on systemic case conceptualization methods: Increases visibility and accessibility of systemic research and methods in research and praxis, providing a common ground
-
- Broad scope potentially disables depth
 - Scoping Review is limited to provide descriptive account
 - No comparison to other therapeutic schools

Further discussion:

- Are you familiar with any of the presented methods?
- What resonated with you?



I am happy to receive an email with your thoughts on those questions! silvia.scholz@uni-wh.de

- How can we use the results in practice, training and research?
- How to determine what is a helpful and qualitative sound case conceptualization (method)?
- How should we teach case conceptualization?
- Do we need one unifying method?

Borst, 2020: 6 assumptions and guiding principles of systemic case conceptualization

- idiographic, in the sense that it tries to explain how a certain behavior could occur in a certain context to a certain timepoint
- focus on patterns, context, solutions, resources
- should be guided by the contract with the client and their goals, oriented at a cooperative relationship and derived from systemic therapy theory

Thank you for your attention!

References: Included Methods (1)

- **1*: (Poststructural) Narrative Model;** Meehan, T., & Guilfoyle, M. (2015). Case Formulation in Poststructural Narrative Therapy. *Journal of Constructivist Psychology*, 28(1), 24–39. <https://doi.org/10.1080/10720537.2014.938848>; Hewson, H. (2015). Telling stories and re-authoring lives: A narrative approach to individuals with psychosis. In A. Fox & A. Meaden (Eds.), *Innovations in psychosocial interventions for psychosis: Working with the hard to reach* (pp. 147–163). Routledge.; Mahajan, M., Hegde, S., & Sinha, S. (2024). Lost Self to Present Self: A Case Report of Narrative Therapy for a Woman with Acquired Brain Injury. *Consortium Psychiatricum*, 5(1), 34–43. <https://doi.org/10.17816/cp1547>
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References: Included Methods (2)

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