

mentally Together for better mental healthcare

Evidence-based mental health care: Tailored treatment with case formulations

The Single Case Archive as a useful tool

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This fact sheet is part of the MentALLY project, a pilot project* which has received funding from the European Parliament.

*Pilot Projects is an initiative "of an experimental nature designed to test the feasibility of an action and its usefulness" and permits appropriations for it to be entered in the EU budget for more than two consecutive financial years.

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The European MentALLY project

Mental health problems in adults are of great concern as they are highly prevalent and significantly impact health, social welfare, and the economy. Psychological treatment – whether in combination with medication or otherwise – is effective, but has not been able to nullify the disparities that exist within mental health care. Suboptimal or undertreatment and overtreatment of people seeking services have been reported. MentALLY's strategic aim is to gather the necessary empirical evidence to accelerate the evolution towards European mental healthcare that provides effective treatment to all adults who are in need. A carefully designed implementation and dissemination strategy will translate the empirical evidence in ways that will strengthen existing networks and improve practices.

The issue of tailored mental health care: high quality case formulations

According to the American Psychological Association (APA, 2006), effective mental health treatment is preceded by the formulation of a clear and theoretically coherent **case conceptualization**.

WHAT? A case conceptualization is "a hypothesis about the causes, precipitants, and maintaining influences of a person's psychological, interpersonal and behavioural problems" (Eells, 2007, p.4). It describes the function of the patient's symptoms taking into consideration the broader context and narrative of the patient (Vanheule, 2017). A case conceptualization integrates theoretical and scientific knowledge about psychological processes, psychopathology, therapy outcomes and effective means of therapy with information about the specific patient.

WHY? A case conceptualization guides the therapist in the therapy goals. It aids in tailoring the therapy to the specific needs of the patient and hence creates a tailored treatment plan.

According to Eells (2013), a case conceptualization should be a product of the collaboration between therapist and patient. This collaborative work in turn creates mutual empathy, therapeutic consistency and continuity during the therapeutic work. Kendjelic and Eells (2007) have demonstrated that case formulations, amongst other things, improve treatment outcomes and help in maintaining the therapy gains in the longer term.

THUS: A high quality case conceptualization

- 1) **describes** the symptoms and problems of the patient, the precipitating stressors and predisposing events
- 2) **explains** the development of the symptoms



- 3) **prescribes** a plan for treatment
- 4) by capturing the complexity of the case in a precise, elaborative, comprehensive, coherent and consistent way
- 5) by the means of inference and deduction

The inherent nature of high quality case formulations: science vs practice

- Case formulations need content: theoretical background and knowledge of the therapist guides this content
- 2) A case formulation is a changing hypothesis, based on new knowledge: general knowledge and specific information about the patient
- 3) Knowledge is, amongst other things, deduced from research findings

<u>The issue</u>: For case formulations, scientific knowledge is needed. The available knowledge is, however, not at the level of the individual patient.

How to bridge the gap? The use of case study material

Clinical case formulations strongly resemble (systematic) case studies. Both describe and explain the symptoms of the patient(s) and both prescribe a plan for treatment.

In a (systematic) case study, the process underlying therapeutic change in one specific patient (system) is described (Hilliard, 1993). Case studies hence respect the singularity of every therapeutic process and provide contextualized knowledge that can be transferred to specific clinical situations.

This kind of knowledge provides vicarious learning experiences for mental health caregivers and helps them in making clinical decisions at the level of the individual patient. Knowledge generated from case studies hence increases the clinical knowledge, confidence and responsiveness of therapists.





The problem: Where to find these case studies (in an accessible and organized manner)?

Case study material is very widespread. Various scientific journals publish (systematic) case studies. However, for the clinician, it is first of all very difficult to access this scientific material as it is stored on databases of individual websites or academic databases that are mostly not accessible outside academia. Secondly, searching for specific case studies is very difficult as journals and databases do not have an adequate search engine for this.

It is hence not easy for individual psychotherapists to find case study material that is relevant for their own clinical practice.

The Single Case Archive (SCA): a solution to the accessibility problem

In 2013, an international group of researchers received a grant for setting up an online database with international case studies. The database was called the Single Case Archive (SCA) (Desmet et al., 2013).

These are the advantages of the SCA for psychotherapists:

- cases are categorized based on **characteristics** of the therapist, client, and treatment, such as age, gender, diagnosis, outcome...
- an **easy to use search engine** that allows quick identification of a relatively homogeneous set of cases
- cases of **different theoretical orientations** can be found in the Archive

Where: The Archive can be found here: www.singlecasearchive.com

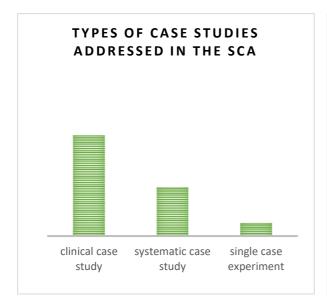
Registration is necessary (for free).

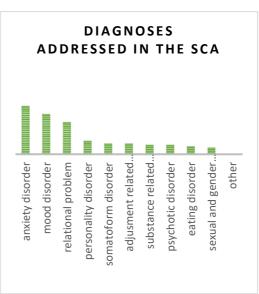
By making use of the Archive, clinicians can easily have access to case studies that are relevant for their own clinical practice. Hence, the Archive significantly contributes to evidence based clinical practice.



Some facts about the Single Case Archive today

Current number of users of the Archive	1388
Current number of cases	3037
Different types of case studies (see graph)	clinicalsystematicsingle case experiment
Different theoretical orientations	 psychodynamic CBT systemic other e.g. client centered, interpersonal,
Most common diagnoses addressed in the SCA (see graph)	mood and anxiety disordersrelational problemspersonality disorders







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