

心灵伙伴大学

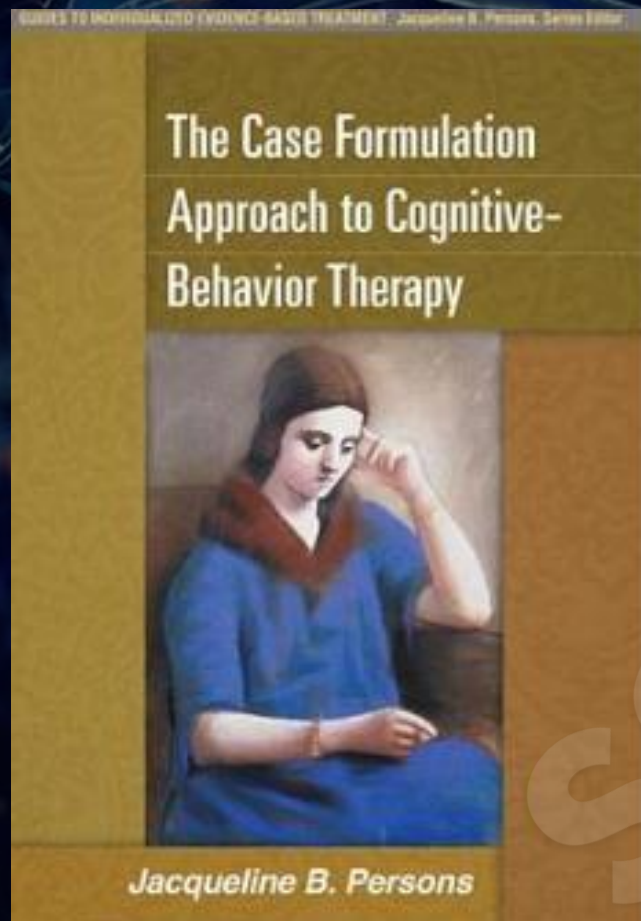
# CBTs/心理评估流程

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# 参考书目



中译本

## 个案概念化

个案概念化：发展关于引起与维持症状/问题/疾病机制的假设

But diagnosis is not enough to guide treatment; a case formulation is needed. A case formulation is a hypothesis about the psychological mechanisms and other factors that are causing and maintaining all of a particular patient's disorders and problems.

# 个案概念化要素

## Elements of a Case Formulation

A complete case formulation ties all of the following parts together into a logically coherent whole:

1. It describes all of the patient's *symptoms, disorders, and problems*.
2. It proposes hypotheses about the *mechanisms* causing the disorders and problems.
3. It proposes the *recent precipitants* of the current disorders and problems, and
4. The *origins* of the mechanisms.



## 个案概念化要素举例

In childhood and adolescence, Jon was brutally teased and humiliated by his father (ORIGINS). As a result, Jon learned the schemas “I’m inadequate, a loser,” and “Others are critical, attacking, and unsupportive of me” (MECHANISMS). These schemas were activated recently by a poor performance evaluation at work (PRECIPITANT). As a result, Jon began having many automatic thoughts (MECHANISMS), including, “I can’t handle this job,” and experienced anxiety and depression (SYMPTOMS, PROBLEMS), with which he coped by avoiding (MECHANISM) important work projects and withdrawing from collegial interactions with both peers and superiors (PROBLEMS). The avoidance caused Jon to miss some deadlines (PROBLEM), which resulted in criticism from his colleagues and boss (PROBLEM) and led to increased sadness, feelings of worthlessness, self-criticism and self-blame, low energy, and loss of interest in others (SYMPTOMS, PROBLEMS). Jon’s low energy and hopelessness (PROBLEM) caused him to stop his regular program of exercise, which exacerbated his prediabetic medical condition (PROBLEM).

# ● 个案概念化步骤 (Persons' s 7 Step Model)

四要素	七步骤
问题/症状 Symptoms Problems Disorders	1.列出患者呈现的问题
	2.列出精神障碍诊断
	3.选择首要诊断
心理机制&个体易感 Mechanisms &Origins	4.考虑文献中已知的与这个诊断相关的内容，并将其作为问题假设的模板
	5.考虑如何使已知的有关此症状（问题）的普适性知识适用于特殊个案
	6.提出患者的心理机制的假设
诱因 Recent precipitants	7.描述导致症状/问题变遭的原因

## 步骤1：列出问题

List the Problems

### / 问题内容：

列出患者各个生活领域的所有问题。包括心理/精神障碍的症状，人际关系，职业，学校，医疗，经济，住房，法律，休闲，以及心理健康或医疗问题。

To obtain a comprehensive list, the therapist assesses the following domains: psychiatric symptoms, interpersonal, occupational, school, medical, financial, housing, legal, leisure, and difficulties with mental health or medical treatment.

### / 注意事项：

#### 1. 问题与诊断有重叠，但问题≠诊断

May have some overlap with diagnoses listed but is not the same as a list of diagnoses

-强调症状（问题）的功能而非只看症状（Give high priority to problems in functioning than does the DSM diagnosis format）

-描述患者具体症状（问题）的细节（Detail the symptoms of the particular Axis I-2 psychiatric disorders the patient is experiencing）

#### 2. 强调患者报告的最使其痛苦的和造成损害的症状，行为，情绪和认知

Emphasis on problems patient reports as most distressing and impairing symptoms, behaviors, emotions, or cognitions

#### 3. 目标是简洁且对治疗师是实际的

Goal is to be brief and practical for the therapist

# 书籍原文摘录

## Contents of the Problem List

To obtain a comprehensive list, the therapist assesses the following domains: psychiatric symptoms, interpersonal, occupational, school, medical, financial, housing, legal, leisure, and difficulties with mental health or medical treatment.

The Problem List overlaps considerably with Axes I–IV of a DSM diagnosis. However, in the Problem List the therapist begins to translate diagnostic information into terms that facilitate conceptualization and intervention from a cognitive-behavior point of view. One way the Problem List facilitates cognitive-behavior treatment planning is by giving higher priority to problems in functioning than does the DSM diagnosis format, which places those problems down the list in Axis IV. Another way the Problem List does this is by detailing the symptoms of the particular Axis I and II psychiatric disorders the patient is experiencing.

In addition, a good Problem List includes counts or severity ratings for at least some of the problems (e.g., a count of the number of panic attacks per week or a Beck Depression Inventory [BDI] score). Stating problems in this way facilitates setting treatment goals in terms that allow for measurement of change.

The Problem List also includes Axis III disorders. Identifying medical problems is important for several reasons. Cognitive-behavior skills can often be useful in the treatment of medical problems, especially the chronic medical problems like obesity and cardiac disease that often require, as part of their management, behavioral change. In addition, many medical disorders cause problems and symptoms that mimic or exacerbate mental disorders (e.g., thyroid dysfunction can exacerbate mood disorders) and the therapist must be aware of these interplays. Finally, medical problems can constrain

interventions. The diabetic graduate student cannot reward himself with an ice cream cone for work on his dissertation.

As already noted, psychosocial problems (Axis IV) such as financial, housing, and legal problems also belong on the Problem List. In fact, patients, even those who have significant Axis I disorders, often come to therapy for help extricating themselves from an abusive relationship or handling a series of stressful life events. They often have not identified and are not seeking treatment for the Axis I disorders. In addition, Axis IV problems can weaken or even destroy a therapy that is targeting an Axis I disorder—especially if they take the therapist by surprise. A depressed young man came to his therapy session and told me, “I can’t pay my rent, so next month I’ll be living out of my car—that’s not a problem really, but I just wanted you to know about it.” This young man had two problems: a housing problem and poor insight about the seriousness of his housing problem.

Not all of the problems on the Problem List will be addressed in psychotherapy. For example, treating a broken leg will obviously not be a goal of CBT. However, it is useful for the cognitive-behavior therapist to place the broken leg on the Problem List because it may have implications for the diagnosis, formulation, and/or the Treatment Plan (e.g., the broken leg may have resulted from impulsive behavior and means that exercise cannot be used to treat the patient’s depressed mood).

The next section describes the process of collecting the information needed to obtain a Problem List and diagnosis. As noted above, as the therapist does this, he or she also takes advantage of opportunities to accomplish other pretreatment tasks, including building the relationship and informing the patient about treatment.



## ● 步骤2&3：列出所有精神障碍诊断并确认首要诊断

List all psychiatric diagnoses and identify primary diagnosis

-使用有效的，对症状和过程的自陈报告测验

Use validated self-report measures of symptoms and processes-Use interview and

-访谈并尽可能使用结构化的/实证支持的访谈

structured empirically supported interviews wherever possible

-列出所有患者达到全部标准的诊断

List all diagnoses for which the patient meets full criteria

-首要诊断=能够最好的解释问题列表中多数问题的诊断

Primary diagnosis = The diagnosis the best explains most of the problems in the problem list

## 步骤4：考虑首要诊断的科学机制

Consider the science underlying the primary diagnosis

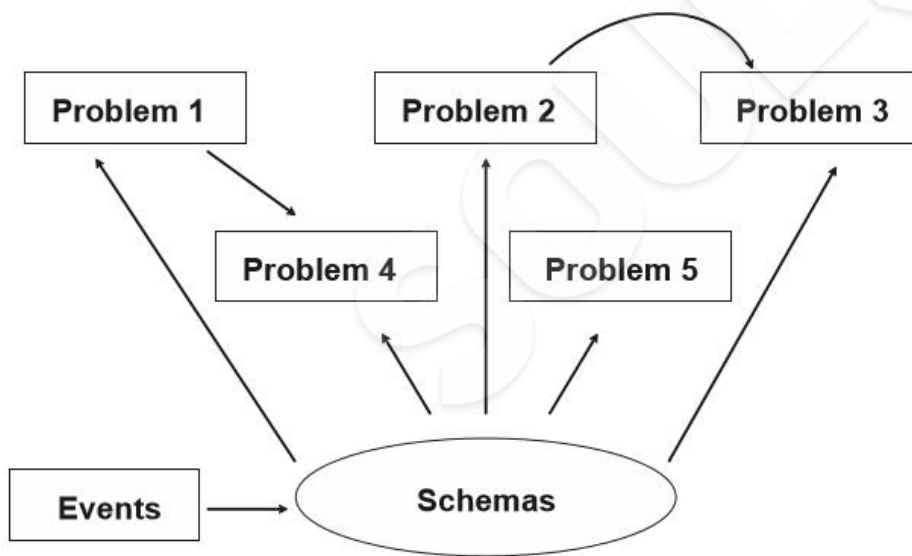
-如果针对这个障碍和治疗，科学提出多余一个模型，那么使用你受训最多的模型

If science suggests more than one valid model for the disorder or its treatment, use the model and treatment that you are most trained in

-如果科学没有提出任何有效模型，那么使用在其他相关情境下被科研支持的模型

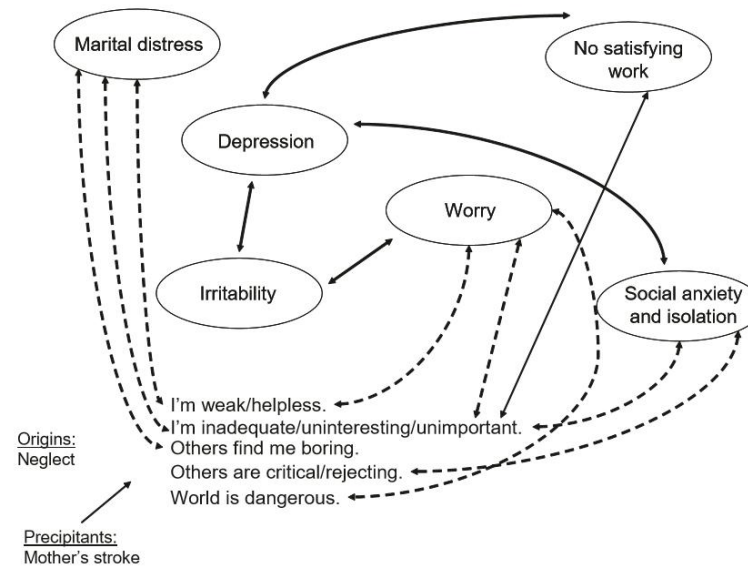
If science suggests no valid models, use one that has been supported scientifically for other related conditions

如：贝克的认知模型，操作性条件作用，经典条件作用



使用贝克认知模型概念化案例

Persons, Davidson and Tompkins(2011)



使用贝克认知模型的具体概念化案例

Persons, The Case Formulation Approach to Cognitive-Behavior Therapy, P132

参考: P126-135, P25

## ● 步骤5：将关于诊断的一般性模型用于特殊个体

Adapt a general model about the diagnosis to the individual patient

### -从一般到特殊

Move from the general to the specific

### -个性化定制模型

Individually tailoring the model of treatment

### -考虑文化，行为，和年龄

Considering role of culture ,gender and age

### -如何从这个患者的情况出发去理解这个障碍的标准模型

How does the standard model of the disorder need to be understood for this patient ?

### -我们需要如何调整治疗以满足这个患者的需求

How do we need to consider changing the treatment to meet the need of this patient ?

## 步骤6：关于心理机制的假设

### Hypotheses About Psychological Mechanisms

#### -家庭历史

Family history

#### -功能分析

Functional analysis

#### -对非适应性认知的评估

Assessment of maladaptive cognitions

#### -列出解释首要诊断的可能机制

List possible mechanisms explaining the primary diagnosis

-惊恐障碍：情绪回避

-抑郁：行为抑制

-广泛性焦虑障碍：寻求认可和反刍

提供关于患者如何学会引起他症状的机制的假设

-例：患者如何获得歪曲核心信念（使用贝克认知疗法）

## 步骤7：描述最近引发症状或问题恶化的原因

Describe recent causes of symptoms or problems getting worse

-列出最近造成症状出现或恶化的扳机点

List the recent triggers for symptoms onset or symptoms getting worse

-使用功能分析去确定最近引发问题行为的前因

Use functional analysis to identify recent antecedents for problem behaviors

-使用自我监控表去追踪问题的日常扳机点

Use self-monitoring sheets to track daily triggers of problems

谢谢观赏！

上海心灵伙伴云计算科技集团

