### 10 Basic Clinical Reasoning Questions to Guide Case Formulation and Intervention Planning

Presented below are 10 clinical reasoning questions intended for use by practitioners, clinicians, and supervisors. These questions may be applied throughout a person’s service process. Answers to these questions can help guide the clinical case formulation for a person receiving services as well as guide intervention planning, implementation, and completion or stepping down of interventions. When applied, these questions work well in group supervision situations.

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
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<tr>
<td><strong>1. People Involved:</strong></td>
<td>Who are the people involved in supporting and serving this person? How well are they engaged, involved, and committed to helping this person get better, do better, and stay better?</td>
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<td><strong>2. Expectations:</strong></td>
<td>What outcomes of intervention are people expecting to be achieved? The person? The family, life partner, and/or key supporters? The school or employer? The court? Other service providers?</td>
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<td><strong>3. Causes &amp; Contributors of Presenting Problems:</strong></td>
<td>What bio-psycho-social factors, life circumstances, and underlying issues explain the person’s presenting problem(s) and current unmet needs?</td>
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<td><strong>4. Risk Factors:</strong></td>
<td>Based on history and tendencies, what things could go wrong in this person’s life? What must be done to avoid or prevent future harm, life disruption, pain, loss, or undue hardship?</td>
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<td><strong>5. Functional Strengths &amp; Assets:</strong></td>
<td>What are the person’s functional strengths, aspirations for change, and life assets that can be built up to solve the problem(s) that brought the person/family into services?</td>
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<td><strong>6. Critical Unmet Needs:</strong></td>
<td>What presently critical unmet needs would have to be fulfilled in order for this person to get better, do better, and stay better?</td>
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<td><strong>7. Necessary Changes:</strong></td>
<td>What things in the person’s life would have to change in order for the person to achieve and maintain adequate well-being, have essential supports for living, function adequately in daily activities, and fulfill key life roles - as appropriate to life stage, capacities, and preferences?</td>
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<td><strong>8. Outcome Indicators:</strong></td>
<td>What life conditions, when met, will indicate that the person’s problem(s) is/are solved and critical needs are met (e.g., achieved adequate well-being, has essential supports for living, functions adequately in daily activities, and fulfills key life roles)?</td>
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<td><strong>9. Intervention Strategies:</strong></td>
<td>What combination and sequence of intervention strategies are likely to bring about desired life changes and meet the youth’s life-change goals or the adult’s personal recovery goals?</td>
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<td><strong>10. Results-Based Decisions:</strong></td>
<td>How will people know and decide: (1) That interventions are being delivered and are working as planned? (2) When interventions should be changed or stopped? (3) When life-change outcomes have been substantially achieved? (4) When the person’s needs are met, conditions for safe case closure are present, and intervention efforts can be safely and successfully reduced, transitioned, or concluded?</td>
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### Bio-Psycho-Social Assessment

#### Key Factors

**Explaining a Person’s Life Circumstances/Problems**

- **Predisposing** (Vulnerabilities that tend to increase risks of the presenting problems)
  - Genetic, developmental, medical, toxicity, temperamental factors
  - Family psychiatric history, toxic exposures in utero, birth complications, developmental disorders, regulatory disturbances, traumatic brain injury (TBI)
  - Insecure attachment, problems with affect modulation, rigid or negative cognitive style, low self-image
  - Childhood exposure to maternal depression, domestic violence, late adoption, temperament mismatch, marital conflicts

- **Precipitating** (Stressors and life events having a time relationship with the onset of symptoms and may serve as triggers)
  - Serious medical illness or injury, increasing use of alcohol or drugs
  - Conflicts around identity or separation-individuation arising at developmental transitions, such as puberty onset or graduation from high school
  - Loss or separation from close family member, family moved with loss of friendships, interpersonal trauma

- **Perpetuating** (Ongoing life challenges and sources of needs)
  - Chronic illness, functional impairment caused by cognitive defects or learning disorder
  - Use of self-destructive coping mechanisms, help-rejecting personality style, traumatic re-enactments
  - Chronic marital/family discord, lack of empathy from parent, developmentally inappropriate expectations

- **Protective** (Functional strengths, skills, talents, interests, assets, work, supportive elements of the person’s relationships)
  - Above-average intelligence, easy temperament, special talents or abilities, physical attractiveness, factors related to emotional intelligence
  - Ability to be reflective, ability to modulate affect, positive sense of self, adaptive coping mechanisms, other skills that build resiliency
  - Positive parent-child relationships, supportive community and extended family, family resources that support good health, development

- **Predictive** (Potential for change, areas most amenable to change as well as potential obstacles to positive change)
  - Sustained good health -or- worsening illness, persisting pattern of sobriety or addiction
  - Adaptive to unfolding life changes -or- resistant to current change efforts
  - Supportive friends and family members -or- destructive friends or toxic family relationships

#### Biological Domain

- Genetic, developmental, medical, toxicity, temperamental factors

- Family psychiatric history, toxic exposures in utero, birth complications, developmental disorders, regulatory disturbances, traumatic brain injury (TBI)

- Insecure attachment, problems with affect modulation, rigid or negative cognitive style, low self-image

#### Psychological Domain

- Cognitive style, intra-psychic conflicts, defense mechanisms, self-image, meaning of symptoms

- Conflicts around identity or separation-individuation arising at developmental transitions, such as puberty onset or graduation from high school

- Use of self-destructive coping mechanisms, help-rejecting personality style, traumatic re-enactments

#### Social Domain

- Social-relationships family/peers/others

- Childhood exposure to maternal depression, domestic violence, late adoption, temperament mismatch, marital conflicts

- Loss or separation from close family member, family moved with loss of friendships, interpersonal trauma

- Chronic marital/family discord, lack of empathy from parent, developmentally inappropriate expectations

#### Social-environment cultural/ethnicity, social risk factors

- Recent immigration, loss of home, loss of supportive services (e.g., respite services, school placement)

- Chronically dangerous or hostile neighborhood, trans-generational problems of immigration, lack of culturally competent services

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**Note:** A bio-psycho-social assessment organizer is used for noting historic & current factors that explain a person’s present situation and state of need. Used to answer clinical questions and plan a case formulation.

1. **Person’s Situation:** A brief demographic, clinical, and functional description of the person and the life circumstances that require intervention.

**Present Vulnerabilities (Predisposing Factors):**
Such as physical disease, mental disorder, poverty, self-endangering behaviors, critical unmet needs.

**Drivers & Sustainers (Perpetuating Factors):**
Such as addiction, homelessness, revictimization, chronic illness, negative life choices with related adverse consequences.

**Severity of Clinically Significant Distress & Impairment in Functioning:**
To what degree do presenting problems lead to clinically significant distress and impairment (using DSM-5 levels of severity)?

- □ Mild Degree  □ Moderate Degree  □ Severe Degree

2. **Presenting Problem(s):**
Life events and circumstances that brought the person into the service system for protection, treatment, and/or care.

**Present Stressors & Triggers (Precipitating Factors):**
Such as physical impairments, functional limitations, restrictions, trauma, relapse triggers, unmet needs.

**Major Predictors (Prognostic Factors):**
Such as changes in health status, motivation for change, adaptation to change, changes in life style choices, availability of essential supports.

3. **Person’s Desired Life Changes:**
Note the person’s major desired life changes & recovery goals.

**Solution Possibilities for Life Change & Recovery - For Use in Intervention Planning:**

A. **Strategies to Meet Any Critical, Un-Met Needs:**

B. **Strategies to Prevent Harmful Things that Could Happen Again:**

C. **Strategies to Improve Well-Being and Basic Supports for Living:**

D. **Strategies to Improve Daily Functioning & Life Role Fulfillment:**
**Planning Worksheet**

**Person’s Situation:** A brief demographic, clinical, and functional description of the person and the person’s life circumstances that require intervention.

**GENERAL GUIDANCE:** This worksheet is designed to help conceptually organize intervention planning for a person receiving services. It links together the Life Change Outcomes planned with and for the person, the Intervention Strategies that will be used to bring about Outcomes/Life Changes, and Actions planned to implement intervention strategies.

**LOGIC OF APPROACH:** The practitioner should first plan to meet any Compelling Urgencies requiring Immediate Action to prevent harm. After any such urgencies are addressed, focus next on any Life Outcomes related to Achieving Well-Being (e.g., safety, health, stability/permanency) and Life Outcomes related to Supports for Living (e.g., income, food, housing, health care). Once needs for well-being and supports for living are being met, the focus shifts to Life Outcomes related to adequate Daily Functioning and fulfilling Key Life Roles. This progression of meeting essential needs and strategic life changes should enable the person to achieve and maintain an adequate daily life situation and gain greater independence from the service system. When selecting from among near-term goals and strategies, the practitioner should give priority to any Ready Opportunities for getting Early and Repeated Successes. Likewise, Priority should be given any important life outcome that could be easily and readily achieved, leading to Early Victories or Rapid Completions in life change efforts.

**ORDER AND PACE OF INTERVENTIONS:** 1) Work from Urgent to Strategic, from Practical to Clinical, and from Outcomes to Actions; 2) Define Outcomes in operational terms and then Select Intervention Strategies for their attainment; 4) Select Strategies having Ready Opportunities for Action; 5) Select Strategic Options that can Achieve a Rapid Outcome that Improves the Trajectory of the Person’s Life; 6) Sustain Motivation for life change by Gaining Early and Repeated Successes; and, 7) Avoid a Scope and Pace of Action that would Overwhelm the Person’s Life Situation and could Cause Resistance and Loss of Motivation.

### Outcomes by Priorities

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<th>Intervention Strategies (Methods Used to Make Changes)</th>
<th>Intervention Actions (Implementation Steps)</th>
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<tbody>
<tr>
<td>1. Compelling Urgency: Prevent harm</td>
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<td>2. Early Success: Turn an important corner</td>
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<td>3. Rapid Completion: Achieve a key victory</td>
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<td>4. Capacity Building: Build for long-term</td>
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