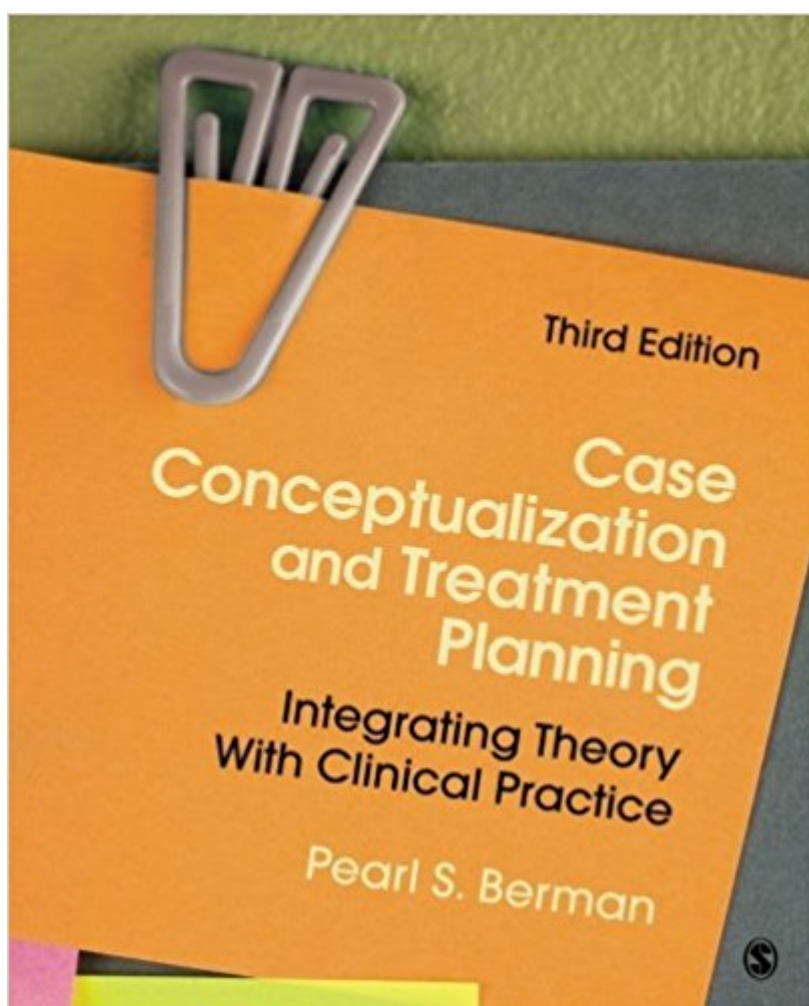


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# Case Conceptualization And Treatment Planning: Integrating Theory With Clinical Practice (Volume 3)



## Synopsis

Using compelling client interviews and skill-building exercises, this practical book shows students how to tailor clinical work to the specific background of a client using any theoretical perspective. Thoroughly revised and expanded, the Third Edition of *Case Conceptualization and Treatment Planning*, by Pearl S. Berman, adds two new theoretical orientations (cultural therapy and the cognitive-behavioral model) and includes exercises for expanding student self-awareness of personal biases.

## Book Information

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## Customer Reviews

Pearl S. Berman, PhD, is a licensed psychologist who is a professor of psychology and a clinical supervisor within the doctoral program in psychology at Indiana University of Pennsylvania. She received her BA in psychology from Brandeis University in 1977 and her PhD in clinical psychology from Bowling Green State University in 1983. Her areas of clinical and research expertise include child physical and sexual abuse, neglect, spousal violence, violence prevention, and professional training. She is the author of three doctoral-level books. Her first book is titled *Therapeutic Exercises for Victimized and Neglected Girls: Applications for Individual, Family, and Group Psychotherapy* (Professional Resource Press, 1994). Her second book was the first edition of *Case Conceptualization and Treatment Planning: Exercises in Integrating Theory With Clinical Practice* (SAGE Publications, 1997); this book was translated into Korean by Hak Ji Sa in 2007. The second edition of this book was published by Sage in 2010. Her third book is *Interviewing and Diagnostic*

Exercises for Clinical and Counseling Skills Building with her colleague Susan Shopland, Psy.D (Lawrence Erlbaum & Associates, 2005). She has also published eight book chapters and eleven professional articles. She has presented 55 professional papers and 13 professional workshops in her areas of expertise. In addition, she has taught 5 undergraduate and 12 doctoral-level courses in psychology. Finally, she is a member of many professional groups working toward the cessation of victimization, including the American Psychological Association, the American Professional Society on the Abuse of Children, the Association of Women in Psychology, the National Partnership to End Interpersonal Violence, The National Committee to Prevent Elder Abuse, and the Southern Poverty Law Center, and the National Organization for Women.

Dr. Berman seeks to offer several examples to treatment planning, however; the lack of real world application limits the utility of this text. First, the text chapters are broken down by theoretical orientation, but the American healthcare system functions within a managed-care model. This means 6 of the 13 chapters do not have the evidence-base to be considered applicable for 3rd party reimbursement. Second, the author has a distinct bias for specific theoretical orientations based upon the length of certain case example sections. This positively reinforces certain theories while simultaneously limiting others. Finally, for all the hard work in explaining certain theories, sometimes the cited example is actually not the same theory. For example, the cognitive-behavioral theory chapter actually highlights mindfulness-based CBT. This is theoretically confusing because trying to explain basic CBT concepts is already difficult and a lack of understanding why mindfulness is applicable for certain clients can limit clinical students from being effective. Ethically speaking, all clinicians must hold theoretical and scientific understanding of how a theory or technique works. This chapter specifically is an great example of trying to shove too much into one chapter without providing sufficient evidence or at least citation to the differences between traditional and the 3rd wave behavioral therapies. While several other chapters have similar issues, the book is helpful in combining theories and treatment planning, but it may not be as appropriate for case conceptualization. A final critique, is there was a lack of diagnostic labels utilized in this text, which again limits the utility for most clinical settings.

Great! extremely helpful for comprehensive examinations, for treatment planning, or simply to help you get the jargon related with each orientation

I have not finished this yet but it is good for learning treatment plans. Thank you

Really wish I had started my program with this book instead of being assigned it at the end. It's a really great way to see how other clinicians view clients in the field. Obviously, everyone has their own preferences, so you won't agree with the way everyone does their different styles, but it's important to know why and how they do it.

Case Conceptualizations is a very easy read, great book to invest in.

It was what I needed.

good book

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