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APPLICATION OF THE CASE CONCEPTUALIZATION IN A WHOLE-CHILD FRAMEWORK

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ABSTRACT

Case conceptualizations or case formulations in Applied Behavior Analysis (ABA) can enhance routine practices for assessing client needs. The case conceptualization approach is derived from cognitive-behavioral therapy. A case conceptualization tool may ensure that the multi-tiered components identified at the outset add depth to identifying unique client needs and prospective goals and objectives. This tool, in conjunction with the more routine tools used by behavior analysts, the FBA and skill assessments, can ensure a whole-child approach and provide a plethora of information to address target behaviors, strengths, deficits, barriers, supports, and risks within a contextual framework. As a comprehensive and engaging treatment development process, the case conceptualization tool generates individualized programming while maintaining high-quality standards in the field of ABA and provides a useful living document for client service collaboration, serving an interdisciplinary system of care.

Keywords: *case conceptualization; individualized program; whole-child, best practice; interdisciplinary*

1.INTRODUCTION

Applied behavior analytic protocols involve implementing various assessments to identify client needs. To supplement this process, a mutually constructed conceptualization tool is suggested (Manassis, 2017). A case conceptualization tool supports the development of individualized treatment planning. While case conceptualization and case formulation originated from cognitive-behavioral therapy, there are few references to its application in the delivery of applied behavior analytic services (Wilkinson, 2017). This tool is also used in Acceptance and Commitment Therapy (ACT), an approach adopted and applied by behavior analysts (Sperry & Sperry, 2020). An interdisciplinary perspective highlights the value of integrating approaches across fields. If Acceptance and Commitment Therapy (ACT) serves as a bridge between cognitive-behavioral therapy and ABA, then incorporating the case conceptualization follows suit. Furthermore, the distinction between case conceptualization and the application of treatment packages toward adding a tool to enhance complex clinical judgment processes warrants consideration.

Case conceptualization provides a systematic tool for organizing and charting a client's presenting issues, thereby guiding the initial treatment design. This planning function serves as a goal-oriented framework. The conceptualization tool incorporates information gathered during the intake meeting and aligns with the requirements for developing a behavioral and skill-building individualized treatment plan. The format of case conceptualization reinforces best practices and acknowledges the absence of a "one-size-fits-all"

program for individuals with autism or other neurodiversities (Wilkinson, 2017). Key elements such as targeted behaviors, prospective goals, cultural factors, strengths, deficits, functionality, contingencies, interventions, data selection, and progress monitoring can be preliminarily identified during the initial meeting (Mayer et al., 2025; Sperry & Sperry, 2020; Wilkinson, 2017). The collaborative nature of this process facilitates the development of a mutually agreed-upon program and fosters a reciprocal relationship-building dynamic with clinicians, caregivers, and clients.

Manassis (2017), in the vein of Miller and Rollnick (2023), emphasizes relationship-building, positing that rapport development at the outset fosters the engagement necessary for involvement. Grounded in cognitive-behavioral therapy, case conceptualization has been identified as an evidence-based strategy for psychological treatment, with scientific research informing assessment and the selection of interventions (Thomassin & Hunsley, 2021). Disciplines of science align with certain research-oriented criteria; data-driven hypothesis development, at the heart of the behavioral science of ABA, serves as an evidence-based approach for driving client programming.

Taylor et al. (2023 indicated the value in mutually agreed-upon case development processes. While best-practice protocols, such as functional behavioral assessments and skills assessments, and interdisciplinary and family collaboration efforts have been established, the case conceptualization model aligns with the core principles of Applied Behavior Analysis (ABA) and may contribute to a cohesive pre-treatment process.

One objective in presenting the integration of the case conceptualization process as a pretreatment protocol is to ensure a seamless and engaging transition into ABA service delivery. The focus of an initial stakeholder meeting is to gather information to identify the client's assessment and programming needs, as well as potential risk factors to mitigate (Taylor et al., 2023). Taylor et al. (2023) report a 50% increase in the number of certified behavior analysts over the past five years, leading to service delivery by providers with varying levels of expertise. Thomassin and Hunsely (2021) suggest that clinical experience is associated with effective case conceptualization, which requires expertise for comprehensive information gathering and nuanced insight. This orientation requires an expansive behavior-analytic skill set and promotes relationship-building and treatment development.

The case conceptualization framework encompasses diagnostic, medical, and developmental histories; significant life events; parenting practices; cultural factors; and influences from school, family, community, and peers. The broader objective is to support a comprehensive intake process that embraces a holistic, whole-child approach and recognizes the scope of services within the ABA modality (Thomassin & Hunsley). Constitutional elements within a case conceptualization process factor in biological, medical, psychological, social, cultural, and spiritual details while keeping a pulse on risk and safety factors (Manassis, 2017). (See Figure 1, Table 2.1).

Figure 1: The Case Conceptualization Framework

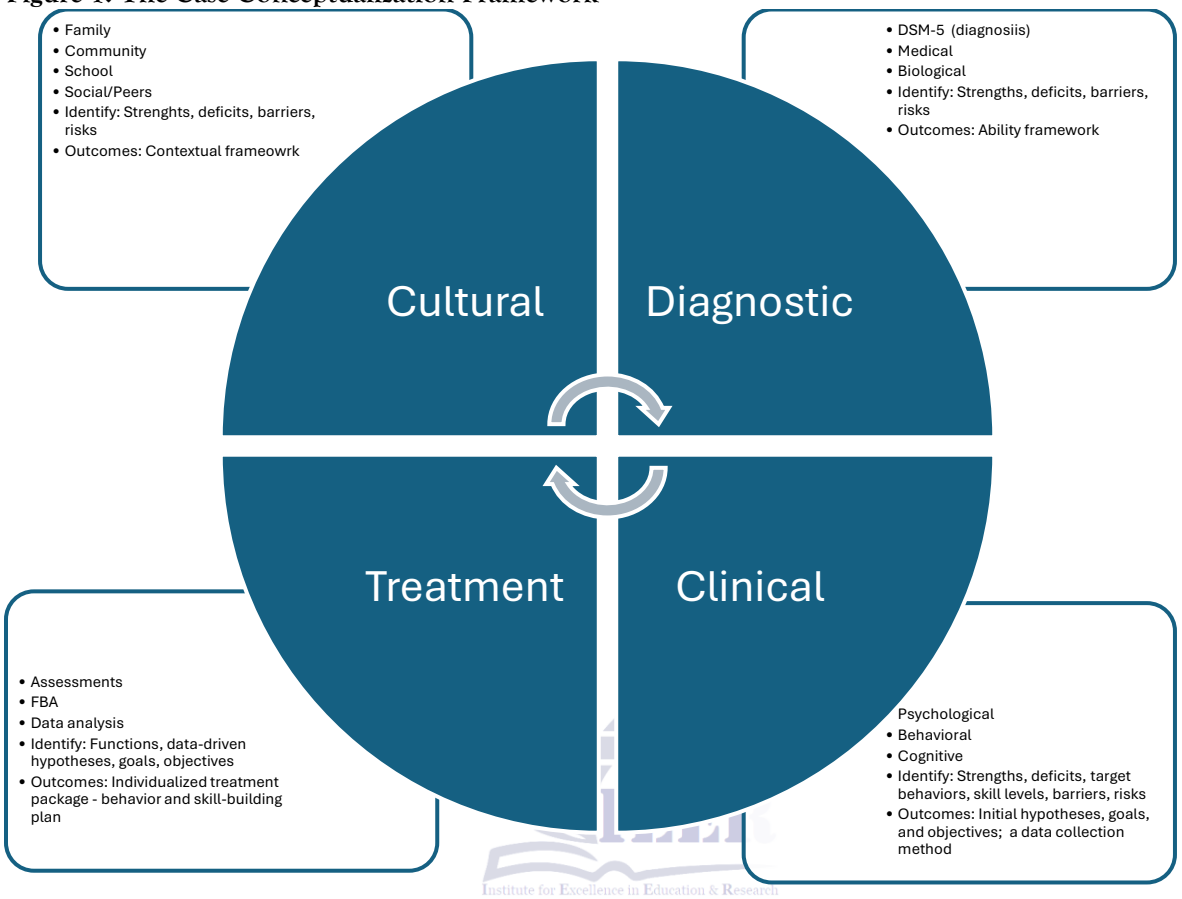

Table 2.1

	Cultural Family Community School Socia/Peers	**Diagnostic** DSM-5/diagnosis Medical Biological	**Clinical** Psychological Behavioral Cognitive	**Treatment** Assessments FBA Data analysis
Identify	Strengths Deficits Barriers Risks	Strengths Deficits Barriers Risks	Strengths Deficits Target behaviors Skill levels Barriers Risks	Functions Data-driven hypotheses Goals Objectives
Outcomes	Contextual framework	Ability framework	Initial hypotheses Initial goals Initial objectives	Individualized treatment package-Behavior and skill-building plan

			Develop a data collection method	

Components of a Case Conceptualization

Where Do We Go From Here?

The case conceptualization model incorporates psychosocial, biomedical, cognitive-behavioral, and cultural considerations, ensuring that all relevant information informs the individualization of assessment and treatment interventions. The process is consistent with the Behavior Analyst Certification Board's Ethics Code for Responsibility in Practice (BACB, 2020). Taylor et al. (2023) note that the conceptualization process enhances accountability and reduces risks. The Ethics Code sets requirements for effective collaborative communication and engagement with clients and stakeholders (BACB, 2020). During a case conceptualization process, in alignment with the code of ethics, behavior change strategies are identified, data collection and procedure-monitoring methods are selected, and potential challenges and barriers are uncovered, all while considering client-centered contextual systems.

Sperry and Sperry (2020) discern four key components of the case conceptualization process: diagnostic, clinical, cultural, and treatment formulations. This comprehensive approach in the initial or pretreatment stage of services requires professionals with strong engagement skills, cultural responsiveness, self-awareness of bias, and advanced competency in behavior analysis. These components support effective treatment by providing the comprehensive information needed to initiate a tailored, contextually relevant program to develop individualized goals.

Researchers have indicated that the case conceptualization paradigm is "at the heart of practice," and while there are mixed reviews of its reliability, with questions substantiating its impact on treatment quality, the process has been established procedurally in psychopathology and cognitive therapeutic orientations (Thomassin & Hunsley, 2019). This aspect of client information gathering in training or practice has not been integral to the field of behavior analysis. As an evidence-based, data-driven modality, ABA lends itself to this process. Coupled with established assessments, the full case conceptualization framework provides a broader range of information-gathering, ensuring a whole-child treatment approach.

Application

Adding the case conceptualization model for behavior analysts can aid in streamlining the development and selection of programming and data, as well as the identification of socially significant target behaviors. The consistent application of case conceptualization to generate prospective hypotheses within behavior-analytic programs could strengthen the FBA process, and a plethora of information can inform best service delivery for each individual. The FBA has been adopted as best practice and is expected in current programs to assess the function of interfering behaviors. The prospective hypotheses derived from the initial client meeting, during which case conceptualization is being structured, facilitate the identification of assessments and set the stage for the FBA. The FBA, like the pre-treatment case conceptualization tool, reflects the foundational concepts within the seven dimensions outlined by Baer et al. (1968). The case conceptualization tool aligns with the seven dimensions of Applied Behavior Analysis (ABA) in the following ways:

Applied: It focuses on socially significant behaviors that are meaningful to the client.

1. Behavioral: It hones in on targets that are observable and measurable behaviors for change.

2. Analytic: It identifies data for decision-making to demonstrate functional relationships and the effectiveness of interventions.
3. Technological: It ensures procedures are clearly described for accurate implementation and replication.
4. Conceptually Systematic: It establishes initial interventions based on behavioral principles and scientific literature.
5. Effective: It supports monitoring and demonstrating meaningful change in the client's behavior.
6. Generality: It promotes behavior change that maintains over time, appears in different environments, and spreads to other behaviors.

Through these dimensions, the tool contributes to high standards and quality in assessment and intervention planning. For the most comprehensive treatment package, including an FBA, these processes ensure a best-practice system and unique client behavior-change protocols. Theory-driven implementation ensures evidence-based application. Applied behavior analysis has its roots in learning theory and is grounded in psychological and evidence-based science (APA, 2017). The formulation of the case from intake, assessment, and the FBA process yields a systematic, data-driven behavior and skills development program that identifies barriers and risks and maps out support for clients' unique needs within their own contexts. This process provides a framework for practitioners and ensures that a comprehensive, whole-child approach yields a personalized program for each individual and family.

The Interdisciplinary Model

A case conceptualization approach may have far-reaching effects when collaborating with interdisciplinary teams. Members of the child's interdisciplinary team provide areas of expertise, bringing together diverse perspectives and approaches (Bovin et al., 2021). Behavior analysts receive rigorous training in applied behavior analysis, making them the primary providers of ABA for children with autism and related diagnoses. Applied behavior analysis has been affirmed as providing the standard of care for autism and related developmental disabilities across the lifespan (Ostrovsky et al., 2022; BACB, 2020). Service delivery for this population often involves other providers, including occupational therapists, speech therapists, physical therapists, psychologists, nutritionists, pediatricians, neurologists, psychiatrists, counselors, special educators, feeding therapists, and nurses (Henersen et al., 2023).

Comorbidity is common among youngsters with autism, manifesting both physically and psychologically. Medical comorbidities include seizures and gastrointestinal disorders, while psychological comorbidities encompass attention deficit hyperactivity disorder (ADHD), conduct disorder, anxiety disorders, and bipolar disorder. These conditions may lead to behavioral challenges such as aggression, suicidality, depression, obsessive-compulsive symptoms, and delinquency (LaFrance et al., 2019). Members of the child's multidisciplinary team often require biopsychosocial, medical, neuropsychological, and developmental milestone data, as well as educational histories. Some disciplines overlap, complement, or support each other, such as occupational therapy and ABA; speech therapy and verbal behavior (a component of ABA); and cognitive and educational interventions, which often overlap with social skills, attending, transitioning, and other behavioral strategies addressed in ABA. Collecting data on a child's behavior when medication is consistent, when it wears off, and which motivators have been successful in producing positive change…all variables that may be brought to an interdisciplinary meeting. Hence, the BACB (2020) has outlined the professional ethical expectation of behavior analysts within an interdisciplinary model.

Case Conceptualization, the Whole-Child Framework, and the Interdisciplinary Model

The BACB (2020) outlines ethics codes for behavior analysts to limit jargon, which may contribute to communication barriers; stay within the scope of applied behavior analytic practice; collaborate with peers and others; consult; and communicate about services. In creating

programming, assessments inform the development of goals and interventions. Case conceptualizations offer a structured, focused approach to explaining a child's behavior, needs, and progress within the whole-child framework while applying behavioral principles. This approach provides a rationale for the proposed interventions and recommendations and promotes collaborative problem-solving.

Case conceptualization, a living document, helps the interdisciplinary team identify overlapping goals and ensures that all relevant components are addressed, with collective input to maintain the integrity of care and maximize individualization (White et al., 2010). The interdisciplinary model adopts a multimodal orientation to best practice across disciplines, places the child at the axis, highlights gaps, needs, progress, input from multiple disciplines, and aspects of the case that may not yet have been considered by the team. Agencies serving youth with autism often provide single-discipline models; the interdisciplinary model shifts away from parallel practices and ensures a high-quality, joint partnership approach (McCary & Hoehne, 2026). Within this model, members of the interdisciplinary team represent their discipline, contributing to the whole-child framework. The rehabilitation literature on interdisciplinary transition services recognizes the significance of collaborative efforts to identify and secure the resources necessary for the transition process (Oertle, 2026). Case-conceptualization documentation enables service partners to align necessary resources by adhering to a whole-child, interdisciplinary, and collaborative model.

The behavior analyst's ethical obligation is to support and prioritize the child's and family's best interests, communicate with or consult other professionals, make necessary referrals, and ensure continuity of care (BACB, 2020). In so doing, documentation, assessments, and continual review of behavior change programs provide assurance of treatment integrity (BACB, 2020). Collaboration skills have become an essential aspect of the behavior analytic profession, with continued training focusing on soft skills, familiarization with documentation protocols, and cross-disciplinary resources for shared clients (Leaf et al., 2022). The case conceptualization tool's multiple strengths in addressing individualized treatment align with applied behavior analytic best practices and ethical obligations. It enhances the assessment process by incorporating multiple layers of variables for the client's programming, strengthens the rationale for behavioral interventions, facilitates consistency, and helps uncover comprehensive solutions for the whole child when collaborating with treatment teams. As a living document, it can be used to begin the ABA treatment program, support individualized programming, foster engagement with clients and families, and provide rich, holistic details for professionals committed to socially valid, positive outcomes for shared clients.

The Ziggurat Model and the Comprehensive Autism Planning System (CASP) are both helpful tools for understanding the strengths and challenges of children with autism and for setting clear goals and milestones (Myles et al., 2009). These frameworks use a variety of assessments to gather detailed information, helping educators and practitioners design programs that build on each child's unique abilities. The Ziggurat Model, in particular, uses a pyramid-shaped approach. It starts at the base by looking at sensory and biological needs, then moves up through reinforcements, structure, and visual or tactile supports. Above that are task demands, and at the very top are the specific skills to teach. This structure helps uncover the root causes of a child's challenges, ensuring that interventions are personalized and effective (Myles et al., 2009).

Case conceptualization for a child with autism is an ongoing process. Many children have additional diagnoses or physical concerns, so planning must be thorough and adaptable. Because autism is complex, the aim is to create a strength-based program that is both joyful and comprehensive. By carefully identifying and addressing multiple levels of need, practitioners can design ethical, generalizable, evidence-based programs that contribute to improving quality of life.

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