

Planning a psychotherapy case study and structuring a case report

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1. Selecting a case and finding a focus

These guidelines will help you to write a well structured and informative psychotherapy case report on a case which you have personally treated under supervision.

Documentation: The case you are reporting on must be adequately documented at the time and in writing the report you must not simply rely on your memory of what happened. Adequate documentation might include such items as (for example): Maudsley assessment report, psychometric test protocols and scores, session process notes, supervision notes, audio or video recordings of sessions, writing by the client (e.g. written “homework” material, in session exercises and notes, journal, poetry, drawings etc.).

Ethical aspects: The report is a confidential document which is made available to the internal and external examiners and to future students in the class. However it is important to preserve the anonymity of the client(s) involved by changing names and identifying details unless you have specifically obtained written permission to provide identifying data.

Getting started: In planning your case report, do not attempt to write up the whole story of the case, unless it involved only a few sessions. Instead, you will probably need to select one or two themes or questions around which to build your report. In order to do this, review the case material and ask yourself, “Why is this case of interest? ... Why would it be valuable to write this case up? ... What did I learn from working with this case that was perhaps surprising, or which somehow confirmed or helped me to understand (or even to expand on) some theory or aspect of theory that is relevant to working in psychotherapy?” To help you find a focus, discuss these questions with your supervisor or with a classmate. If you cannot get a clear answer to these kinds of questions it is recommended that you select another

case! If you do come up with a clear answer, write down what you want to focus on in the form of one or more themes to explore or research questions to address.

2. Case study research methodology

A psychotherapy case report is a piece of research that makes a contribution, however modest, to current psychological knowledge. Case study methodology is a set of principles for deriving clinically useful or socially relevant knowledge from the material of cases. Historically, case study research has been marginalized in psychology and been overshadowed by quantitative methods relying on group comparisons of scores on specific variables. Yet without a case based strategy of research it is not possible to derive meaningful principles on which to base everyday practice (Edwards, Dattilio & Bromley, 2004). Edwards (1998) provides a framework which incorporates a range of case study approaches from those which are more exploratory to those which examine specific research hypotheses. Several authors have argued persuasively for a recognition of the central role of case based research in developing theory that can be translated into practice (Flyvbjerg, 2006; Stake, 1995; Upshur, 2005; Yin, 2002).

In psychology, Bromley (1986) provides a comprehensive account of the principles and practice of case study writing which remains authoritative over two decades after it was written. Edwards et al (2004) examine the role of case study research in providing evidence relevant to the development and refinement of clinical practice. Fishman (2005) provides a framework for planning and writing psychotherapy case studies which integrates narrative, hermeneutic (interpretative) and quantitative strategies. A good way to see how these methodological principles apply to real cases and the kinds of debates on methodology that are current is to read commentaries on cases published in *Pragmatic Case Studies in Psychotherapy*. For each case published there are two or three commentaries on clinical and methodological aspects and a response by the author of the original case study. Goodheart's (2005) commentary is particularly informative as it draws out the principles behind using case-based information as evidence.

Be careful to distinguish two aspects of methodology:

1. The *clinical methodology* refers to the actual methods you used to formulate the case and plan your approach to intervention.
2. The *research methodology* is a systematic framework on the basis of which you plan to treat the raw material of the case in order to examine useful questions or argue for conclusions based on the experience of working with the case.

The two broad research methodological approaches outlined below should provide you with a basis for writing a scientifically valuable report on the case you have chosen.

Model 1: Hermeneutic enquiry into psychotherapy process

This model provides a structure within which you can systematically investigate aspects of the process of psychotherapy.

3. **Formulate a theme or question:** Follow the steps suggested above to identify themes of questions about some aspect of the process of the therapy.
Example: What interests you is the way the client began by relating to you with deep mistrust, but gradually came to trust you and engage with you in a more meaningful way.

4. **Find a conceptual framework:** Now ask yourself whether you can situate these themes or questions within existing theory within the literature.
Example: You think that attachment theory may help to elucidate what happened because it seems as if at first the client avoiding meaningful attachment altogether, later progressed to relating to you in a manner that had the characteristics of an insecure attachment, and finally began to show signs of secure attachment.

5. **Check on availability of literature:** If so, can you get hold of the relevant literature easily? You are not expected to do an extensive literature review. However, it is important that you have at least one or two books or articles that provide a thorough conceptual foundation for your examination of the case material in terms of the themes/questions you have identified.
Example: Do you have at least one up-to-date, comprehensive and authoritative statement of attachment theory?

6. **Review the case material:** Once you have appropriate themes or questions to examine, and suitable literature to provide a conceptual foundation, review the case material and ascertain whether these themes or questions allow you to situate the case material theoretically in the context of appropriate literature. If so, you have the basis for a meaningful case study. As you review the case material note down sessions or episodes where there it material pertinent to question(s)/theme(s) you have selected. If you are have several questions/themes, review the material separately for each one.

Example: Review the sessions three times using the following themes: a) avoiding attachment; b) insecure attachment; c) secure attachment.

7. **Write a case narrative:** Summarize these episodes as brief narrative vignettes which are not heavily interpretive but which present the reader with an accessible and undistorted account of what happened.

Example: Clearly describe the specific phenomena that you believe to provide examples of each form of attachment

8. **Conduct a hermeneutic enquiry:** Use the concepts from the theory you have chosen to interpret the meaning of these episodes in terms of the theoretical questions you are interested in. You must show that the links between the theory and the case material are grounded in the data and phenomenology of the specific episodes you describe and are not purely speculative.

Example: Examine the details of each of the episodes you have narrated and show how it can be understood in terms of the psychological processes posited within attachment theory. Examine whether there is a progression towards secure attachment in the episodes you are investigating.

9. **Argue your conclusion:** Reach a conclusion with respect to your research question and present clear arguments that support that conclusion, based on the material of the case.

Example: To what extent can the episodes you found provide evidence that the nature of the client's attachment to you changed over the course of time? Do some of the episodes contradict this conclusion? If so how do you understand what happened?

- (h) **Summarize your contribution to clinical knowledge:** Whatever specific method you employ to work with the case material, you should aim to show your reader how the material of the case contributes to the consolidation development, or refinement of grounded and clinically relevant knowledge.

Model 2: Outcome evaluation

This model is appropriate when your question is about whether the specific interventions you made helped the client in terms of relief of symptoms or overcoming problems. There are therefore two important questions: "Did the client get better?" and "Did the clinical interventions result in the observed change and if so how?"

Examples: (1) Was the client relieved of PTSD symptoms in the form flashbacks and nightmares? Did the reliving sessions allow integration of the unprocessed material and can change be attributed to this? (2) Was there a reduction in the frequency of specific oppositional and defiant behaviours? Was this the result of the contingency management methods taught to the parents?

- (a) **Define targets for change:** The first step is to provide details of the presenting problem and to include specific psychological or behavioural processes that are targets for therapeutic change.

- (b) **Case formulation** The second step is to offer a case formulation which provides the basis for a focused treatment plan. In cognitive therapy, for example, there are well described principles of case formulation for a wide range of common presenting symptoms and problems. Ensure that you have up to date literature on how such symptoms are currently understood.

Examples: (1) Client was hijacked and has tried hard not to think about the incident for fear of going mad or being seen as weak; treatment to focus on addressing these fears, exposure and emotional processing; (2) client's parents are in constant conflict and parent ineffectively and inconsistently: treatment to focus on parent conflict resolution and parent training.

- (c) **Intervention narrative:** What series of interventions were employed based on the formulation and how did the client(s) respond to them? This can be written as a clear and simple narrative of the events. However, a great deal happens across even a single session so you will need to be selective in what you report but comprehensive enough to capture significant aspects of the experiences of client and therapist and the psychological processes set in motion by the therapists interventions.

- (d) **Outcome measures:** Some independent measure of outcome should be provided, preferably repeated on several occasions, for example, repeated completion of an anxiety inventory, depression inventory, symptom checklist or behavioural rating scale. In the absence of formal measures describe some other form of self-report that was used to track the change in the presenting symptoms.

- (e) **Interpretation and evaluation:** Can we draw any conclusions from the narrative that specific interventions or components of the treatment were helpful. Was there a sudden shift after a specific intervention? Did the client report that a particular intervention was helpful in a particular way? If the client improved, is there evidence that this was the result of specific aspects of the intervention and not just

“spontaneous remission” or a response to “non-specific therapy factors” or events outside therapy (e.g. meeting a new partner).

- (f) **Summarize your contribution to clinical knowledge:** Show your reader how the material of the case contributes to the consolidation development, or refinement of grounded and clinically relevant knowledge in the form of how such cases are conceptualized and the role of specific interventions.

3. Structure of the report

Writing a good report on a psychotherapy case calls for an integration of the following kinds of material: (1) background information about the case, including relevant case history, presenting problem and diagnosis, (2) the framework of research methodology that will serve as a basis for using the case material to contribute to the process of psychological knowledge building, (3) identification of questions relevant to clinical theory or practice questions which the case material can be used to address, (4) theoretical background which situates the concepts used to formulate the case and plan the interventions, (5) the formulation used by the therapist and how it was used to guide interventions, (6) information about the process of the psychotherapy, usually in the form of a case narrative or series of narrative vignettes, (7) an evaluation of the effectiveness or otherwise of interventions made by the therapist and of the overall outcome, (8) a summary of what was learnt from the case, theoretical implications and/or recommendations for future treatment planning.

The traditional structure for writing up research uses the following headings: literature review, research question, methodology, results, discussion. However, Fishman (2005), founder and editor of the on-line journal *Pragmatic Case Studies in Psychotherapy* recommends a modified format that is more suited to clinical cases. You might like to look at examples of case studies from this journal which can be freely accessed at <http://pscp.libraries.rutgers.edu/articlelist.php> (see addresses of other pages at end of this document). Skean (2005) provides a good example of a psychodynamic case, and Edwards and Kannan (2006) provide a model of a cognitive-behavioural case study based on research done at Rhodes.

The Sage journal, *Clinical Case Studies*, also publishes well written case studies although these are not in the format recommended by Fishman. You can access this free online through the Rhodes Library. Go to the journal search page at

<http://0-atoz.ebsco.com.wam.seals.ac.za/search.asp?Id=1252&uc=Admin&sid=3196714&TabID=2> and type in “Clinical case studies.”

For your own report, it is recommended that you follow the format suggested for the journal *Pragmatic Case Studies in Psychotherapy*. The structure is intended to be flexible and should not be followed slavishly. Depending on the nature of the case and of the kind of theoretical work you are doing with the material, you will need to write more or less under the different section headings and you may need to alter or omit some of the sub-headings, as well as add in your own.

1. Case context and methodology

1.1 Rationale for selecting this particular client for study:

This is a brief introduction which informs the reader about why this case has been selected for writing up as a case study. Not all cases are worth writing up. What might this case study contribute to psychological understanding? Provide an introduction to the aims of your study.

1.2 Research methodology

Draw on the material discussed above in section 2.

1.3 Clinical setting in which case was treated

The conclusions that can be drawn from a case study may depend on the clinical setting of treatment. For example cases treated in the normal course of events within a hospital or clinic provide information about cases that are typically seen by clinicians and are treated under the constraints of routine practice. Other cases are deliberately sought out for research purposes because they can serve to provide information that is of particular relevance to current theoretical or practical questions. This section can be a few sentences.

1.4 Sources of data concerning the client and treatment process and outcome

Case studies are naturalistic studies of a series of events that unfold over time. Many different sources of information may contribute to the information on which the case study is based. In this section list all the kinds of data that were used (but do not of course give the actual data here). These might include:

(1) Information collected by means of assessment interviews,

(2) Data collected by means of psychological tests or self-report scales — provide information about these instruments including research on their reliability and validity; where instruments were repeatedly administered, give information about how frequently they were given.

(3) Information obtained in the form of reports or by means of interviews from third parties such as family members and other health professionals who are or have been involved with the case.

(4) Session records in the form of process notes.

(5) Session records in the form of tape recordings. Indicate how these were used. Were they repeatedly listened to, and/or transcribed in full or selectively.

(6) Written work by the client such as specific homework exercises, poems or journaling.

(7) Supervision: records of discussions with or suggestions from a supervisor which played a role in ongoing case formulation and treatment planning.

(8) Additional interviews. These include follow-up interviews in which information is obtained to establish how the client progressed after treatment terminated, and research interviews conducted by an independent interviewer during the therapy process or after therapy has terminated.

It is important to list all data sources and to draw on this in sections 2, 4 and 5 so that the reader understands the basis on which you constructed your assessment summary, case formulation and treatment narrative.

1.5 Quality control

Case study researchers have been rightly criticized in the past for failing to exercise sufficient quality control. Were any steps taken to ensure that your study cannot be dismissed on the grounds of selective reporting, narrative smoothing, biased or unfounded interpretation of what happened in sessions, and speculative interpretations of phenomena not grounded in the material of the case? Strategies that may enhance quality control include: the use of tape recordings, supervision, self-report measures (preferably repeated regularly), written material from the client, as well as the way in which, in drawing conclusions, you consider alternative explanations and the evidence from the data of your case.

1.6 Confidentiality and ethical aspects

Explain what steps were taken to ensure that the client gave informed consent to the therapy being written up as a case study. This might include information about the contract signed by the client when she/he was assessed and an additional consent form signed for the purposes of the study. What steps were taken to protect the client's privacy?

2. Background information and psychological assessment

In this section, present initial information about the client and his/her history and background which will indicate why you selected the specific literature to review that will be presented in section 3.

2.1 Identifying information and how client came to be in treatment

This can be briefly presented in a few sentences and should link to 1.A above.

2.2 Presenting problem, history of presenting problem and other relevant aspects of history

This does not have to include all the information that would be found in a Maudsley assessment report. However there needs to be sufficient information to give the reader the background necessary to follow the process of the therapy. You do not need to limit yourself to information gathered at the initial assessment. You might only find out about significant events in the client's life once therapy has begun, but they can be included here if relevant to the themes which are the focus of the case study.

2.3 Summary of main problems, diagnosis, resources and strengths

This should provide a summary of both the problems and strengths of the client at the start of the therapy. As with B. you may include material that you only became aware of as therapy progressed. The diagnosis does not have to be in the form of a full DSM analysis. Provide what is relevant for readers to understand your case study, the questions you are using it to address and the conclusions you will draw.

3. Guiding conception, relevant research and clinical experience

This section is, in effect, the literature review. It comes much later than the literature review in a traditional research report. There are two advantages of this: first, for the reader who can already begin to link the theories and concepts you present to the material of the case; second for you as author, as the summary of the case so far will help you to focus on what literature is relevant to the understanding of the case.

3.1 Clinical theory on which formulation and treatment are based

What theory did you draw on in formulating the case and planning your approach to the therapy? This could, for example, include theories relevant to:

(1) your developmental analysis of how the client's difficulties evolved;

(2) your understanding of the factors relevant to the establishment of a workable therapeutic relationship with the client;

(3) psychological aspects relevant to the understanding of a particular diagnostic category or clinical problem such as the social context in which it is likely to occur or the cognitive and behavioural factors that are believed to maintain it.

Note, sometimes it is only in retrospect that we can see the significance of a particular theory to a case. However a case study is likely to come across as more authoritative if you had a credible formulation early on.

3.2 Clinical method on which treatment approach is based

A formulation provides the basis for how the approach to treatment is planned. At one extreme a treatment might be planned on the basis of broad principles, whose significance is worked out session by session. This is the approach taken by many interpersonal therapies. At the other extreme, the therapist follows a treatment manual which prescribes the types of intervention to be employed session by session. Many cognitive-behavioural treatments fall in between in that specific interventions are selected on a session by session basis on the basis of research on the appropriateness of interventions for particular clinical problems and on the ongoing formulation of the case material. In this section explain the clinical method on which you based your decisions about intervention.

3.3 Research on the efficacy/effectiveness of the clinical method

One aspect of the professional accountability of psychotherapists is keeping up to date with knowledge about the effectiveness of particular clinical methods for particular kinds of case. Effectiveness research examines the extent to which there is evidence that particular clinical method is suitable for a particular kind of case and might be expected to do better than no intervention at all or than interventions with a limited psychological basis. It is essential to be able to cite at least some effectiveness research in the form of case based analysis or case studies or uncontrolled clinical trials. Efficacy research uses randomized controlled trials which can provide firm evidence that a particular treatment approach works for a particular clinical problem and is better than no treatment or other weaker forms of treatment. Although more and more efficacy research is being reported on a wider and wider range of intervention approaches, there are many psychological interventions for which such research has not yet been carried out. You should show some knowledge of the current state of research on the intervention approach you used.

3.4 Clinical experience of therapist and supervisor with this kind of case and with this theoretical approach

In this section write briefly about the level of experience relevant to the treatment of this case that you and your supervisor had when it began. Trainee psychologists can effectively treat many kinds of clinical problem even early in their training. However some kinds of clinical

problem call for experience and expertise at least on the part of the supervisor. On the one hand, a case treated by a trainee psychologist with limited experience and supervised by a therapist unfamiliar with that kind of case might be a good learning experience for both but it might not lend itself to being written up as a piece of research. On the other, where a case responds to a manualized treatment which neither student or supervisor are very familiar with there is evidence for the value of the manual and of its transportability to settings different from those in which it was developed.

4. Case formulation and treatment plan

You introduced the client in section 1.A and provided background information in section 2. In this section explain how you formulated the case and how this served as the basis for your treatment approach or treatment plan.

4.1 Case formulation

Link this section to section 3.A. *Avoid repetition.* If you need to use a lot of theory here to explain the formulation of this case, then you can introduce the theory quite briefly in section 3.A. On the other hand it may work better for you to explain the theory more fully in section 3.A and make this section relatively brief.

4.2 Treatment plan

Similarly, link this to section 3.B and *avoid repetition.* If you explained the principles of treatment planning there you may only need to point out briefly how they are relevant to this case. On the other hand it may work better to show more fully how the treatment planning approach worked in this case and explain the overall approach quite briefly in section 3.B.

5. The course of therapy

In this section present an account of the therapy. The section can be in the form of a case narrative which can be more or less extensive. For a relatively condensed narrative of a psychodynamic treatment see Skean (2005). For a more extended phenomenological narrative of a case of PTSD see Karpelowsky and Edwards (2005). Edwards and Kannan (2006) provide a detailed account of the experience of a participant in a structured group therapy for social phobia. The narrative of a case of adolescent conduct disorder by Mashalaba and Edwards (2005) was originally written as a research report and shortened for publication. The narrative needs to be organized chronologically so that the reader can see how the processes set in motion by the therapy unfolded. It also needs to be organized thematically in order to help the reader see the patterns that emerged, or how different processes unfolded in different ways. You will need to be selective so that you can focus on the aspects of the therapy that are of theoretical interest. But beware of “narrative smoothing” (Spence, 1986) (i. e. making the narrative simpler than what really happened so as to make a good story and,

in the process, omitting inconvenient information). You can divide this section into as many subsections as you need, for example: 5.1 Forming a working alliance, 5.2. Identifying obstacles to change, 5.3. Accepting the challenge and experimenting with change.

6. Therapy monitoring and follow-up

Apart from your process and supervision notes and perhaps revisiting recordings of sessions, you may have additional information that is helpful in interpreting the data strengthening your conclusions. This could include repeated measures of self-report scales presented in graphical form, scores on significant psychological tests measured pre- and post-treatment presented in a table, and information gained from a follow-up interview specifically conducted to check on whether positive changes were maintained and to investigate whether the client shares your conclusions about what was important in the process of the therapy. Have as many subsections as you need to for this.

7. Concluding evaluation of therapy process and outcome

This is the section for what is traditionally called Discussion and Conclusions. Don't try to discuss everything that is possible. In order to select discussion points, ask yourself two questions: (1) What were my aims in writing up this case study and to what extent have I accomplished them? (2) What are the most important contributions this case study can make in terms of clinical theory or clinical practice? In particular you might want to examine the extent to which the case provides evidence for the value of the particular clinical approach you used. Organize your discussion points into subsections, 7.1, 7.2, etc.

4. Format and presentation of the report

The body of the report, excluding the reference list, should be between 25 and 35 A4 pages long with standard 2.5cm margins using 1½ line spacing in a standard 12 point font such as Calibri or Times Roman. Additional material may be provided in one or more appendices but do not make extensive use of appendices. The report should be ring bound with a cover indicating the title, your name, the name of your supervisor, the degree for which you are registered, and the month and year of completion. An acknowledgments page is optional. Provide a table of contents before the main body of the report. No abstract is required. For in-text reference citations and the reference list use the conventions specified by the latest publication manual of the American Psychological Association (summarized in the booklet *Guidelines for writing a research proposal* which is obtainable from the Psychology Department Administrator's office).

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