

## Case Study Criteria

<b>Distinction</b>	80% or over	OUTSTANDING	Exceptional understanding of theory and practice links. Superior clinical judgment and reflective practice. Makes individual contribution.
	70-79%	EXCELLENT	Sophisticated understanding of theory and practice links. Highly developed clinical judgment and reflective practice. Evidence of independent thought.
<b>Merit</b>	65-69%	VERY GOOD	Very good understanding of theory and practice links. Well-developed clinical judgment and reflective practice. Evidence of clinical initiative.
<b>Pass</b>	58-64%	GOOD	Good understanding of theory and practice links. Thoughtful clinical judgment and reflective practice. Some evidence of clinical initiative.
	50-57%	ACCEPTABLE	Acceptable understanding of theory and practice links. Acceptable clinical judgment. Some evidence of clinical initiative and reflective practice.
<b>Fail</b>	Under 50%	POOR	Absence or misunderstanding of theory and practice links. Poor clinical judgment. Little or no evidence of clinical initiative and reflective practice. Possibly not recognisable as CBT.
<b>CONFIDENTIALITY:</b> Breaking confidentiality by revealing details that allow the patient to be identified may result in an automatic fail			

*(Note: these marks are provisional and subject to final approval by the Exam Board)*

Marking considerations	Mark
<p><b>Presentation (5marks)</b></p> <ul style="list-style-type: none"> <li>• Title page</li> <li>• Contents page</li> <li>• Writing style</li> <li>• Spelling and use of grammar</li> <li>• Addresses question set</li> <li>• Evidence of the ability to structure the assignment (including appropriate headings, logical progression throughout the text, giving appropriate weight to each section)</li> <li>• The accuracy of reference citation within the main text and the reference list</li> </ul>	

<p><b>Introduction / Literature Review (15marks)</b></p> <ul style="list-style-type: none"> <li>• Review relevant to clinical presentation (including reference to diagnostic criteria, aetiology, prevalence, prognosis etc.)</li> <li>• Appropriate range of references</li> <li>• Description of CBT theories and concepts as relevant to the focus of the case study</li> <li>• Reference to key primary within the relevant literature, with particular regard to the evidence base for the use of CBT</li> <li>• Clear description of the above, evidencing an understanding of the key theoretical concepts</li> <li>• Analysis of the applicability of the above to 'real world' clinical settings</li> <li>• Evidence of an ability to critique the theory, research, and evidence base, offering both positive and negative constructive criticism</li> <li>• Original ideas about the utility of the relevant theory and/or its future development</li> </ul>	
<p><b>Case Presentation (10 marks)</b></p> <ul style="list-style-type: none"> <li>• Brief introduction to the client (including referral details)</li> <li>• Presenting problem(s)</li> <li>• History of problem development and attempts to cope (both positive and negative) presented logically</li> <li>• Previous interventions outlined</li> <li>• Risk assessed</li> <li>• Suitability for CBT considered</li> <li>• Outcome measures: referenced with a rationale for their use.</li> <li>• Outcome data for patient: summarised and related to norms and/or caseness.</li> </ul>	
<p><b>Formulation (20 marks)</b></p> <ul style="list-style-type: none"> <li>• Specific theory-based cognitive model used as framework for conceptualisation, including: <ul style="list-style-type: none"> <li>○ <b>Maintenance cycles</b> (links between elements clarified and appropriate emphasis given to role of cognitive elements)</li> <li>○ <b>Triggers/critical incidents</b></li> <li>○ <b>Underlying core beliefs/assumptions</b></li> <li>○ <b>Experiences</b> that have contributed to/reinforced the above</li> </ul> </li> <li>• Diagrams/flowcharts</li> <li>• Missing, or as yet unclear data identified</li> <li>• Hypotheses about originating and maintaining factors clear</li> <li>• Explanation of the particular formulation models being used, and the rationale for this (theoretical and clinical)</li> <li>• Descriptive prose, which should include information on any limitations of the formulation (perhaps identifying uncertainty about particular information, or missing information, or the relationships between various factors)</li> <li>• Information on the formulation process itself (how the client responded)</li> <li>• Reference to how the formulation evolves throughout the course of therapy</li> </ul>	

<p><b>Treatment Plan &amp; Intervention (25 marks)</b></p> <ul style="list-style-type: none"> <li>• Aims of therapy with a rationale linking theory with practice</li> <li>• SMART goals – which relate to the formulation and are reviewed throughout therapy</li> <li>• Information on the intervention carried out, including: <ul style="list-style-type: none"> <li>○ Description of cognitive-behavioural methods used (verbal, behavioural, imaginal, other) with a rationale for using particular strategies</li> <li>○ Clear details of how the intervention links with the formulation</li> </ul> </li> <li>• Descriptive prose, describing how the therapy actually progressed (including client response, interpersonal process, any challenges that arose, and how they were negotiated)</li> <li>• Relapse management planning</li> <li>• Blueprint</li> </ul> <p><b>When therapy is incomplete:</b></p> <ul style="list-style-type: none"> <li>• Detailed and justified plans for future sessions which should include: <ul style="list-style-type: none"> <li>○ Reference to the formulation and to pertinent literature</li> <li>○ Identification of potential obstacles and solutions</li> <li>○ Hypothesised outcome, if appropriate</li> </ul> </li> </ul>	
<p><b>Outcome (10 marks)</b></p> <ul style="list-style-type: none"> <li>• The results of therapy (to date) including: <ul style="list-style-type: none"> <li>○ Progress toward identified goals</li> <li>○ Outcome data (either tabulated, graphed ) with brief descriptive prose</li> <li>○ Critical analysis of the outcome data and patient progress</li> </ul> </li> <li>• Outstanding issues (relating to the aims of therapy) and plans for future therapy, or other interventions, unless these have already been addressed in the Intervention section</li> </ul>	
<p><b>Reflective analysis (15 marks)</b></p> <ul style="list-style-type: none"> <li>• A critique of the successes and/or challenges (including factors within the client, the therapist, CBT itself, or other concurrent interventions)</li> <li>• What, if anything, they would do differently with hindsight or will now do differently in the future</li> <li>• What the therapist learned from this case, including for example: <ul style="list-style-type: none"> <li>○ What they learned about the theory and the existing literature from the application of CBT in this case</li> <li>○ What they learned about interpersonal process in therapy, and any relevant personal learning/development</li> </ul> </li> <li>• How clinical supervision was used throughout the therapy process</li> </ul>	
<p><b>TOTAL (%)</b></p>	