Case Study Marking Criteria

Introduction

On the application form for Accreditation, **Criterion Three - Specialist Behavioural and/or Cognitive Training - section 3f: Supervised Clinical Practice in Behavioural and/or Cognitive Psychotherapy in Training** states:

> The Minimum Training Standards require that psychotherapists will have conducted 200 hours of CBP clinical practice, appropriately supervised during training, and will have treated a minimum of 8 clients, covering at least 3 different problem types. Each client should have been seen from assessment to completion, and for at least 5 sessions (although most should have been significantly longer). Of these cases, 4 will have been written up and assessed as case studies (2000 – 4000 words), and 3 will have been closely supervised using live (in-vivo, video, audio) assessment.

Normally, where the main C/BP Training has taken place in a formal academic setting, the assessment and evaluation of these written submissions is by the course tutors and award boards of the institution. Some applicants however, may find that their formal training has included insufficient numbers of equivalent academic case studies.

In such cases, the applicant is required to supplement their formal training by completing and submitting evidence of further equivalent academic case studies as part of their application.

This document establishes standards and criteria for the assessment of written case studies where the assessment takes place outside the regulations of an academic body.

A Suitable Assessor

When selecting an assessor to mark an academic case study for the purposes of BABCP Accreditation, the assessor should be Fully Accredited with the BABCP, or be a Cognitive and/or Behavioural Psychotherapist who meets the BABCP criteria for Accreditation.

In addition, they should be experienced at working within post graduate academic settings, providing assessments for post-graduate level academic work, and with recent experience as a Lecturer or Tutor on an academic post-graduate CBP training course or equivalent. The assessor may, however, currently be independent of an academic institution.

General Standards

Most Cognitive Behavioural Psychotherapist professional positions, both in the NHS and other organisations are graded in remuneration and status terms at a professional level, suggesting a requirement of post-holders to be trained to identifiable standards.

Most C/BP training is also at post-graduate Diploma or Masters Degree level. Therefore those assessing written case studies should set a general standard of contents, writing style, layout, structure, graphics and presentation that is commensurate with post-graduate academic work.

In addition to the above, because CBP practice emphasises evidence-based treatment, the written case studies should demonstrate a professional ability to not only show a theoretical and research-based rationale for a particular approach to a client's treatment, but also show a knowledge of alternative CBP methods and present an argument as to why these were not used.

(Continued overleaf)

Marking Criteria

These criteria are provided as guidance for assessors of written case studies for the purposes of practitioner accreditation. All areas need to be adequately addressed and given equal weighting. It is strongly recommended that assessors give robust feedback when marking case studies and that they look for a reflective element with a view to reinforcing new learning, as would be done if the report were marked as part of an academic university programme.

Assessment

Evidence of structured assessment, including the following:

- anonymous biographical data
- current social circumstances
- current presenting problem(s)
- diagnosis
- co-morbidity
- reason for seeking treatment at this point
- definition of current problem
- current coping
- development of the problem
- previous treatments
- relevant personal history
- risk assessment
- use of appropriate standardised psychometric measures and idiographic measures
- identified treatment goals
- socialisation to the model
- suitability for CBT

Literature Review

- detailed description, explanation and critical evaluation of the CBT model(s) underpinning the interventions
- reasons for choice of model
- theoretical framework underpinning the model
- evidence base from clinical outcome studies
- evidence base from exploratory or experimental studies
- model's strengths and weaknesses
- adaptations to the model needed for the case
- challenges to treatment delivery

Case Formulation

- evidence of individualised formulation at maintenance or cross-sectional level in keeping with model of disorder/generic model
- explanation of links between elements in maintenance cycle
- diagrams of maintenance cycles (and longitudinal formulation, if appropriate)
- identification of a trigger or critical incident/explanation of onset of problems (precipitating factors)
- underlying beliefs/assumptions (predisposing cognitive vulnerability factors) and explanation of links between these and maintenance cycles
- explanation of how past events may have contributed to/reinforced the beliefs
- indication of missing data
- coherent, parsimonious formulation developed collaboratively over treatment with explicit patient contribution

Course of Therapy and Treatment Outcome

- theoretical aims of treatment according to the disorder-specific model used
- treatment plan explicitly linked to formulation
- clear identification and description of the main phases of treatment and detail on at least two specific change processes, including the cognitive and behavioural interventions utilised and the rationale for their use
- excerpts of therapy dialogue
- examples of written materials used
- justification of any deviation from the model
- what the patient learned
- therapeutic alliance (interpersonal process)
- how difficulties in treatment and ruptures to the therapeutic relationship are understood in terms of the formulation, and how these are managed in session
- use of clinical supervision
- continued refinement of formulation (if necessary)
- treatment outcome in relation to identified changes in problems
- progress towards treatment goals
- changes in psychometric and idiographic measures
- changes to patient's general functioning
- patient's evaluation of therapy
- relapse management plan

(Continued overleaf)

Discussion

- reflection on the therapy and the outcome of treatment
- therapist and patient factors that helped or hindered therapy
- aspects of treatment that were useful or not so useful
- role of the therapeutic relationship
- what therapist may have done differently given another chance
- the likelihood of treatment gains being sustained over time
- broader implications for the model or evidence base.

Structure, Presentation, References

- overall presentation
- coherent structure
- flow to sequence of sections
- clarity of communication, grammar and spelling
- clarity of expression
- use of diagrams, tables and/or figures
- quality of referencing in text and in reference list
- limited, judicious use of appendices (if used at all)

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