**Case Studies**

**Guidance**

As part of this diploma you are required to complete three case studies. Case study 1 should be 2 sessions in duration, case studies 2 & 3 should be three sessions in duration. These case studies should be conducted in line with the Case Study guidance in your manuals.

Your selected participants should be seeking help for sub clinical, low level issues such as:

* Performance improvement; sports, exam, driving, public speaking etc
* Mild anxiety associated with phobias e.g. animals or heights
* General stress; work related, lack of assertiveness
* Mild anxiety associated with social anxiety e.g. speaking in meetings or presentations, expanding friendship groups, dating, networking
* Habit change; nail biting, hair pulling

If, once the initial assessment is completed, it becomes apparent that there are more complex issues, you should refer the individual and not proceed further. Similarly, if it becomes clear that exposure to your participants issue could negatively impact on your relationship in the future, either refer or defer their participation. Referrals should always be discussed with your supervisor before being discussed with the volunteer who may accept or reject any recommendations accordingly. Referrals may be made back to their GP or to a qualified therapist, the appropriate routes will be part of the discussion with your supervisor.

**Contraindications**

It is important that you stay within your sphere of competence, and in particular, refer any volunteers that present any contraindications. These include, but are not limited to, volunteers diagnosed with schizophrenia, depression, psychosis, severe clinical presentations, epilepsy, migraine, suicidal ideation, under 18’s, pregnancy. Referral of these volunteers extends to those volunteers seeking assistance for an issue that isn’t related to their pre-existing condition i.e. smoking cessation for a volunteer diagnosed with depression.

The details of your case study should be recorded in the following form. The form includes a space for your; reflections, questions, challenges and successes to bring to your supervisor and self-rating. This last section should be completed and shared with your supervisor as part of your supervision. Supervision will consist of 30 minutes per case study.

**Case Study 1 -** Focus on; Assessment & conceptualisation, introduction to hypnosis, ego-strengthening and script development

**Case Study 2 -** Focus on; Assessment & conceptualisation, behavioural therapy interventions & approaches

**Case Study 3 -** Focus on Assessment & conceptualisation, cognitive therapy interventions and approaches.

**Volunteer Ref No:**

**No. of sessions agreed:**

Confirm here that the initial consultation form along with GP details was completed and retained

Yes / No

Confirm here that the contract was discussed and signed by the volunteer.

Yes / No

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| **Presenting Problem**  Provide a summary of the client's presenting problem and issues of concern. Include; factors leading up to, past events and current circumstances. The building of rapport and the therapeutic alliance start here – please provide examples of your dialogue and questions. |
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| What style of questions did you use, please provide some examples |
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| Are there any other issues, problems or circumstances to take into account? |
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| **Client history**  Provide a summary of the client's medical history. |
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| PHQ scores:  GAD7 scores:  Other questionnaires used: |
| Details of previous therapy |
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| **Other relevant history** |
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| **Case Conceptualisation**  Multimodal assessment of symptoms |
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| SMART goals – detail the client’s goals, what they wish to achieve in sessions and their desired outcome. Describe within the SMART principles |
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| Summarise your assessment hypothesis and outline your initial treatment plan. Include the number of sessions you are proposing. |
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| Explain how you presented your duty of care and gained informed consent |
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| Explain how you explained the CBH model, state vs non-state, role of inductions & deepeners, role of self-hypnosis, skills training etc. If this wasn’t part of your first session please explain your approach |
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| Provide an overview of your volunteer’s self-assessment of their 1) motivation, 2) expectations 3) readiness to change 4) attitude to treatment. Provide a scale 0 – 10 and narrative as discussed with them. Outline any coaching that was conducted in this area |
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| **Session 1**  Outline the plan for session 1 |
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| Outline your assessment of the rapport and working alliance created in session 1.  How could you improve this further? |
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| Outline any psycho-education discussed in session 1 |
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| Outline all interventions in session 1, include; socialisation, convincers, scripts, CBT techniques etc |
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| Outline any homework tasks assigned |
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| Outline feedback from the client |
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| Outline any post session information that is sent to the client |
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| **Session 2**  Outline the plan for session 2 |
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| Outline your assessment of the rapport and working alliance created in session 2.  How could you improve this further? |
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| Outline any psycho-education discussed in session 2 |
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| Outline all interventions in session 2, include; socialisation, convincers, scripts, CBT techniques etc |
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| Outline any homework tasks assigned |
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| Outline feedback from the client |
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| Outline any post session information that is sent to the client |
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| **Session 3**  Outline the plan for session 3 |
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| Outline your assessment of the rapport and working alliance created in session 3.  How could you improve this further? |
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| Outline any psycho-education discussed in session 3 |
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| Outline all interventions in session 3, include; socialisation, convincers, scripts, CBT techniques etc |
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| Outline any homework tasks assigned |
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| Outline feedback from the client |
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| Outline any post session information that is sent to the client |
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