

WRITING FOR PSYCHOLOGY: CASE STUDIES

Case studies reflect “analyses or observations obtained while working closely with an individual, group, community, or organization” (American Psychological Association, 2020, p. 5).

Be sure to carefully read your professor’s instructions, as case studies can differ in style, purpose, and structure.

PURPOSES OF CASE STUDIES

There are multiple kinds of case studies. Researchers in fields like psychology, sociology, or anthropology may conduct case studies to “illustrate a problem in depth; indicate a means for solving a problem; and/or shed light on needed research, clinical applications, or theoretical matters” (American Psychological Association, 2020, p. 5).

Practitioners might present case studies of their work in therapy, assessment, consultation, or program evaluation. These studies often have one or more people that they focus on, such as a particular individual, couple, family, group, school, company, or other organization. Specifically, psychologists, counselors, and other clinicians (or clinicians-in-training!) might write case studies to describe their therapeutic work with a single client, demonstrating their skills in clinical information gathering, case conceptualization, and treatment planning. This handout focuses on these *clinical* case studies.

COMPONENTS OF CLINICAL CASE STUDIES

1. **Introductory and Identifying Information** - In the introduction to a case study, provide client identifying information, describe the context for clinical services, and briefly state the client’s reason for seeking services. Client identifying information includes demographic factors such as the client’s age, gender, race, ethnicity, nationality, gender identity, sexual identity, ability status, religious or spiritual affiliation, socioeconomic status, and any other relevant identity variables. When describing the context for services, you might indicate the clinician’s qualifications and identity variables, the setting of care (e.g., outpatient private practice, hospital, etc.), and dates that the client presented for services.
2. **Presenting Problem(s)** - In this first section of the body of the paper, describe in detail the client’s presenting problem(s)—that is, their reason for seeking mental health services. Clearly describe all related symptoms and the history of the problem(s), including when each symptom started, whether similar symptoms have occurred in the past, how frequently each symptom occurs, how long each symptom lasts, and how severe each symptom is. Also,

describe how the presenting problem(s) interfere with the client's functioning, both currently and in the past.

3. **Background Information/Psychosocial History** - Background information consists of details about the client's history that are relevant to their presenting problem(s), general well-being, or clinical care. Any of the following details about the client may or may not be included:
 - a. **Family History:** e.g., who raised them, nature of their relationship with parents or caregivers, number of siblings, any family history of medical or psychiatric disorders
 - b. **Social History:** e.g., who is in their support system, nature of these relationships, how they function socially
 - c. **Academic History:** e.g., their highest level of education, how difficult it was for them to succeed academically, any history of academic accommodations
 - d. **Occupational History:** e.g., nature of current and past employment, relationship with their bosses and coworkers, any history of dismissal or absences, ability of current employment to meet financial needs
 - e. **Psychological History:** e.g., any current or past diagnoses, past symptoms of psychiatric illness, any history of therapy or assessment, use of psychiatric medications, any use of other psychological services
 - f. **Medical History:** e.g., any history of medical procedures, current or past medical conditions, prescription medications, or general health information, including factors related to sleep, appetite, and exercise
 - g. **Substance use History:** e.g., any use of alcohol, illicit substances, or recreational drugs, including frequency, amount, and impact on functioning
 - h. **Legal History:** e.g., any current court cases, any history of legal encounters, arrests, or convictions
 - i. **Relevant Test Data:** e.g., results of assessments or screening instruments
 - j. **Mental Status/Behavioral Observations:** e.g., timeliness, ease of rapport with the clinician, presenting mood and affect, orientation, eye contact, speech rate and volume, gait and posture, attention and concentration, motivation and cooperation
4. **Diagnosis** - If applicable, provide the client's clinical diagnosis(es) according to the criteria described in the diagnostic manual used within your discipline, such as the American Psychiatric Association's (2013) *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5). Show how the client's symptoms align with the criteria of the relevant diagnosis. Describe alternate diagnoses that were considered and ruled out, with rationale, along with

any additional diagnoses still being considered and what information would be needed to confirm or disconfirm these potential diagnoses.

5. **Case Conceptualization** - In this section, draw from the previous sections to describe your understanding of the client's presenting problem(s) in light of a particular theoretical orientation (e.g., cognitive-behavioral, humanistic, or psychodynamic). You might draw from Sperry and Sperry's (2012) five "Ps" to help you identify *predisposing*, *precipitating*, and *perpetuating* factors that contribute to the client's *presentation* and *patterns*. Incorporating scholarly literature and research to support your conceptualization can further strengthen your credibility.
6. **Treatment Plan** - The treatment plan flows from the case conceptualization (e.g., if you have conceptualized the client's symptoms as resulting from unhelpful thoughts and behaviors, as in cognitive-behavioral theory, your treatment plan should reflect the strategies of cognitive-behavioral therapy). Treatment plans usually consist of goals, measurable objectives/outcomes, and specific clinical interventions to meet these goals and objectives. You might also consider drawing from scientific literature to support your treatment choice.
7. **Discussion** - Finally, most clinical case studies include further discussion of the course of treatment and personal reflections of the clinician. Sometimes, this discussion appears as a separate section; sometimes, it is integrated throughout the other sections of the case study.
 - a. For example, you might describe the client's personal strengths, weaknesses, assets, and barriers to treatment; how the client's identity variables intersect and impact their presenting problem(s) and/or clinical care; and the client's response to treatment, including how goals were or were not met.
 - b. Regarding your own reflections as the clinician, you might discuss your experience working with the client, including the client's reactions to you (i.e., transference) and your reactions to the client (i.e., countertransference); how your own identity variables intersect, impact your role as a clinician, and interact with the client's identities; how you applied ethical reasoning to this case; your areas of strength, growth, and challenge in providing care to this client; as well as what you learned from working on this case that you will apply to future therapeutic work.

TIPS FOR CLINICAL CASE STUDIES

1. **Use formal, clinical language** - A case study should reflect the terminology and tone of clinical writing within your discipline; it reads differently from the way you talk.

2. **Be professional and follow your discipline's ethical guidelines** - Respect your client's dignity in the way you discuss the case, even if the client proved challenging to work with. Deidentify the case to protect confidentiality (i.e., change the client's name, date of birth, and any other key identifying information that would be recognizable to your audience).
3. **Use APA formatting** - Unless otherwise specified by your instructor, use APA formatting to structure your paper and to cite your sources. Scientific literature can strengthen your paper and may be especially relevant in the diagnosis, case conceptualization, treatment planning, and discussion sections.
4. **Follow all instructions from your professor** - As noted above, case studies can differ significantly in purpose and content, so carefully attend to your professor's expectations. Ensure you read *all* parts of the assignment and answer *all* questions of the prompt, as a case study is usually a multifaceted assignment. Always follow your professor's requirements, even if they differ from the information in this handout.

References

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).

American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.).

Sperry, L. & Sperry, J. (2012). *Case conceptualization: Mastering this competency with ease and confidence*. Routledge.

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