Anxiety Case Study

This module is focused on examining CBT for anxiety problems. This will introduce disorder-specific cognitive behavioural models that have emerged to treat anxiety, each with their own theory and evidence base. Application of change methods tailored to models of individual disorders and associated cognitive theory will be examined. This will enable the student to select the most appropriate treatment intervention for clients based on their CBT assessment, knowledge of treatment models and critique of available evidence.

Assessment Details

Assessment for this module is in the form of a 5000 word Case Study emphasising the relationship between the conceptualisation you have developed and your clinical interventions. Usage of a disorder-specific CBT model is expected in order to comprehensively carry this out. Relying solely on a generic CBT model is not sufficient. The key components of the assignment should be your Idiosyncratic Case Conceptualisation and Therapeutic Change Methods. Adhere to confidentiality guidelines in the course handbook throughout your main text and with any additional material. Use font size 12, double spaced text and the Harvard referencing system. Following your title page (which should include assignment title, your name, module and number), the case study should be broken up into the following clearly identified headings. However, as long as key requirements are met, students may use their own individual format.
Referral
Brief introduction of referrer and main reasons for referral.

Presenting Problem
Discussion of assessment of the client’s difficulties in the ‘here and now’ and methods used. Illustration of how the client’s difficulties were operationalised in terms of the cognitive behavioural model (e.g. how was the client’s experience of panic broken down and analysed). Use of cognitive behavioural analysis to assess frequency, intensity, duration and impact of problems from the client’s perspective.

Onset and Maintenance
Detailing of the onset of the problem, the course of development and maintenance. This should include key cognitions and concrete examples of behavioural responses such as safety seeking behaviours that highlight any maintenance pattern or cycle.

Precipitating and Predisposing Factors
A clear demonstration of any factors, which in the client or therapist view appear to have combined to make the client vulnerable to problem development. This may include early relationships or experiences, adverse events, past methods adopted to solve problems, environmental problems, separation and attachment issues. The relationship between life events and onset may be used to illustrate the historical context of the problem.

Treatment Goals
How were overall goals and specific targets for therapy negotiated and selected? How was the client involved in the decision making process? Did client and therapist goals differ or shift over time? How were targets evaluated/ndeed? What were therapist and client perceptions of whether treatment goals were achieved?

Critical Analysis of Evidence Base
Include a critical analysis of the theoretical model you use and assumptions underpinning its conceptual framework and a critical analysis of available research and possible developments or limitations of the model.
Idiosyncratic Case Conceptualisation
Include a brief description of the theoretical model and assumptions underpinning the conceptual framework alongside some discussion of the evidence base and possible limitations of the model. This should include a generic cognitive model with longitudinal features and any disorder specific cognitive model used. The conceptualisation should demonstrate the interplay between life events and specific problems the client encounters, and illustrate how assessment data relates to the onset and maintenance of difficulties. This should incorporate visual diagrams showing various influencing relationships between client problems and variables you are attempting to address in therapy. Examples of formatting this can be found in recommended texts from the core bibliography. Any development and re-formulation relating to new evidence from therapeutic interventions should be discussed.

Therapeutic Change Methods
This section should discuss specific techniques and interventions used as methods of change in order to meet treatment goals. How change methods are planned, negotiated and implemented in and between sessions should be included. Examples of these may include thoughts diaries, activity schedules, behavioural experiments etc. A rationale of any technique used should be described emphasising clearly the relationship to the idiosyncratic case conceptualisation. This may be done by describing each treatment session or an outline of sessions with some detailed examples of certain points of intervention. Any issues with the therapy process such as the therapeutic relationship as well as the outcome should be discussed. Remember the guiding principle that CBT is formulation driven not technique driven.

Clinical Supervision and Learning Points
Discuss how supervision is included in development of the conceptualisation. How supervision influenced intervention and how it was used to overcome any obstacles with client and therapist beliefs and behaviour. Finally, a discussion including specific examples of learning points for the therapist from supervision and from experience with the client should be included.

References
A minimum of 15 references should be included for a 5000-word assignment.

Appendix
Any additional material you may choose to include in support of your text such as extracts from case material or diaries. This must adhere to confidentiality instructions.