

What is an Applied Health Psychology Case Study/ Presentation?

The Applied Health Psychology Conference (#ahpc) encourages people who work in applied settings to present individual or contrasting cases at the annual conference.

Case study presentation is a valuable format to share more about our direct client facing work (therapeutic & consultancy work) in applied settings. Many of us have never presented a therapeutic case study and our professional training focuses more on making research presentations. Therefore, to support you to build your skills and confidence, this guide provides suggestions for the format that your case study/ presentation can take.

Case Studies/Presentations can focus on one or more of the following:

- a theme (e.g. illustrate a non-typical presentation that you have identified across clients),
- a challenge that can arise (e.g. emergent issues part-way through treatment),
- an aspect of practice that you would like to focus on (e.g. reflections on the impacts that past experiences of discrimination have on clients managing a long-term condition) or
- a general example across clients, for the purpose of illustrating an approach/ a skill you have been developing (e.g. using creative hopelessness in practice).

Starting with an overview of the client(s) in terms of their referral, the assessment, formulation, and treatment plan helps to provide context, and then a reflection on the session work across time with the client as well as problems that occurred along the way and what went well.

Case study presentations can have different goals/purposes including consulting with the audience, teaching a new approach to delegates, or supporting your reflective practice.

Information you could include in your case study presentation

Type of / Reason for Referral
Relevant Demographic Information: i.e., Age, gender, grade, sexual identity & orientation, ethnicity; Diversity issues – GRAACCES (gender, religion/spirituality, age, ability, culture, class, ethnicity, sexuality, e.g., rural/urban differences), Critical development & medical history. Critical family history & their implications for service delivery & treatment.
Define the presenting concern: How was the problem assessed?
Outline the reason for presenting this case/ these cases: Theme, learning, benefit etc
What data were or will be collected (records, self-report, indirect report, questionnaires, standardized measures, etc.). Any problems or potential problems with data collection? How were/will these data used to make treatment decisions?
What is the evidence basis from health psychology for this area of work? What was the treatment modality & were there any therapy relationship factors/ adaptations.
Describe the intervention components. What therapy relationship factors changed the process & what adaptations were made? Treatment integrity – How did you ensure all aspects of the intervention plan were implemented? If changes were made, how were data used to help you make decisions? What were ethical & diversity considerations with this treatment?
How was (or will) progress (be) evaluated in an objective manner?
If treatment is completed: what are your post-hoc reflections?
What does this case contribute to health psychology applied practice/ health psychology models/ health psychology evidence base etc?

Ethical considerations that can arise from case study presentations. Please consider:

- confidentiality & client consent;
- any pitfalls of making a retrospective re-analysis of a case;
- the balance between information that you would/ did share with the client and the benefits of additional information shared as part of your professional development and for that of the profession.