ACP2 Single Case Experimental Study
(conducted on Clinical Placements 1, 2 or 3)

Length: 3,000 - 5,000 words excluding references and appendices only

Introduction

The overall aim of this assignment is to produce a report of a single case experimental study conducted whilst on placement. Please note, this is a separate and additional assignment to your usual case study. Accordingly, the same client cannot be used for both. Typically this study *will constitute part of a trainee's ongoing clinical work* on placement.

The format of the report should be similar to examples of single-case studies that have been published as "brief reports" in clinical journals. As with other case studies, it is not crucial that the case has resulted in successful clinical outcomes. However, unless your single case experimental study aims solely to report a detailed functional analysis, in which case only sufficient baseline data are required, it is essential that data pertaining to the case (*both* baseline and treatment phases) are collected. The data should comprise idiographic and nomothetic forms and be collected at three levels: 1. Idiographic data collected by the client at least once a day or more frequently); 2. Nomothetic data collected at key time points (this will comprise a short measure possibly administered weekly, but certainly collected at the start and end of baseline as well as the end of therapy). In addition, you must have formulated clear hypotheses which you have attempted to test. Please note that qualitative or biographical case studies are unsuitable for this particular assessment. Guidance on conducting a single-case study is provided during teaching and is also available on MOLE.

Ethical Clearance

The trainee is responsible for ensuring that the conduct of the evaluation is ethically sound, and to ensure that any *relevant* ethical permissions are granted prior to implementation of the project. If you have any doubts please contact your personal tutor or the Department of Psychology Ethics Sub-committee.

Format

The single case experimental study should be written up according to the following format and *not* the usual case study guidelines:

- Title — Brief summary of case/issue.
- Introduction — Nature of clinical problem in general terms (do not include *specific* clinical details here), concise summary of relevant background literature and how it relates to the case. Consider and refer to relevant NICE guidance, provide justification for single case approach and background to method. Provide focus of present study briefly mentioning rationale and approach, and end with specification of experimental hypotheses.
- Methods — Outline of rationale and design of study, *brief* and *confidential* description of client (participant), description of methods and choice of measures used in sufficient detail to allow replication by others. Provide evidence of the psychometric properties of measures used. Please note that it will probably be desirable to record several different process or outcome measures. It is useful to know whether procedures for calculating reliable and clinically significant change can be applied to the selected measures. Examples of data collection methods (e.g. observational schedules, self-

monitoring diaries *completed by the client*[1]) should be placed in an Appendix and care should be taken to ensure that they are anonymous. Details of any appropriate reliability checks should also be given in the Methods section. Briefly describe intervention and formulation (use diagrams as useful summary presentation). Set out summary of statistical and analytical approaches to data analysis.

Consent for treatment
The process of attempting to obtain consent for treatment should be described. It is likely that this will be affected by the approach adopted in the particular service, age and capacity of clients to give consent. Approaches taken to ensure either that the client is giving informed consent or that issues around duty of care have been considered in relation to clients who are unable to give informed consent should be included.

- Results — A concise summary of the findings of the investigation should be given, together with appropriate graphs, tables and statistical analyses *within the body of the text*. Please feel free to present data in several different formats, if appropriate. Consider idiographic data first. Subheadings to consider include the following: (1) baseline data (idiographic); (2) baseline and intervention phase (idiographic) – both these would primarily be graphical representations having checked for autocorrelations; (3) percentage of non-overlapping data analyses using more than one formula; (4) analyses of nomothetic measures at session and pre-post intervention levels. Additional analyses may be appropriate depending on the nature of the design. Consider weekly measures (if used) first and finally data comparing baseline and intervention phases (pre-post). Use criteria for determining reliable and clinically significant change. If driving the results by hypotheses, adapt the headings and structure above accordingly. Additional or supplementary data and graphs can be appended to the report after the reference section. If statistical analyses are reported, ensure sufficient details (*t* values, *d.f.*, means and *SDs* of groups, etc.) for their interpretation are provided. Graphs within the body of the text should be of a high standard of presentation and clearly labelled.

- Discussion and Conclusions — The findings should be discussed in relation to the original hypotheses. Please ensure that you relate the results obtained to the design employed. A critical review of the methods, design and analysis employed should be presented. Please comment on any relevant organisational and ethical issues surrounding this clinical study. The *clinical significance* of the study should also be addressed.

Other information

[1] N.B. Anonymised copies of actual completed versions are required

It is recognised that the work reported for ACP2 may not form the complete intervention. If the trainee is involved in other related work with the client at a different level of intervention this should be *briefly* acknowledged so that the contextual issues are clear. A Q&A page will be developed as a working document that will be continually updated and available on MOLE.

Conclusion

The purpose of this assessment is to provide an opportunity for trainees to apply quantitative methods to the study of single clinical cases. Please discuss the suitability of any clinical referral appropriate to this project with your relevant clinical supervisor before beginning to plan your study. If you require any further advice, please do not hesitate to contact your Personal Tutor.

Deadlines for Single Case Studies

Trainees are *strongly* recommended to attempt their single case study during CP1 or CP2, even if they do not actually submit the clinical work conducted. The deadline for submission is either at the end of CP2 or CP3, although a submission for CP4 will be considered if there are good clinical reasons for the single case not having been successfully completed. However, the trainee will need to write to the Chair of the Board of Examiners requesting a deferment, providing detailed reasons why such an extension is justified. The submission should also include a letter of support from their supervisor. **Trainees should normally wait until they have successfully collected the data for the Single Case Study, before attempting their Service Evaluation (ACP3) Project.** The reasons for this are:

(i) Service evaluation teaching does not happen until October / November of the second year.

(ii) We do not recommend that you attempt both ACPs in a single placement since this might squeeze out routine clinical work.

(iii) Deciding too early on your service evaluation methodology might constrain the methods available to you for your research thesis (see Procedure section for ACP3).