

# Writing case studies for research, publication and professional development within the counselling professions

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## Good Practice in Action 103 Fact Sheet

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## Context

This resource is one of a suite prepared by BACP to enable members to engage with the *Ethical Framework for the Counselling Professions* (BACP, 2018) in respect of writing case studies.

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## Using Fact Sheet Resources

BACP members have a contractual commitment to work in accordance with the current *Ethical Framework for the Counselling Professions* (referred to as *Ethical Framework* from here). The Fact Sheet Resources are not contractually binding on members but are intended to support practitioners by providing general information on principles and policy applicable at the time of publication, in the context of the core ethical principles, values and personal moral qualities of BACP.

Specific issues in practice will vary depending on clients, particular models of working, the context of the work, and the kind of therapeutic intervention provided. As specific issues arising from work with clients are often complex, BACP always recommends discussion of practice dilemmas with a supervisor and/or consulting a suitably qualified and experienced legal or other relevant practitioner.

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## Introduction

This resource is intended to provide an introduction to practitioners and researchers who are intending to write case studies based on particular client work (as opposed to fictional vignettes) for research, publication and professional development. It includes an introduction to what constitutes 'good' case studies, and the particular focus needed within the study for research, publication and professional development.

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# 1. Writing case studies for research, publication and professional development

Throughout your counselling or psychotherapy career, you will find yourself writing case studies for numerous personal and professional purposes. According to McLeod (2010), a 'case' comprises the whole range of interactions between clients and therapists or therapy agencies. Each case study is as unique and complex as the clients themselves. Every case study is also shaped by, among other things, the knowledge, motivations, practical experience, and approach of its author. Thus, there is no single 'correct' way of writing a case study.

There are, however, emerging criteria on what makes a quality case study. In general, counselling professionals may choose to write a case study for any of four main purposes: for research, publication, or professional development, or as part of a professional assessment process such as an application for BACP Accreditation. Writing case studies for research, professional assessment and publication often involves linking practical experience and observations with theory and writing within the confines of specific guidelines. Writing for professional development, on the other hand, often comprises a significant amount of personal and professional reflection.

Whatever the purpose of your case study, careful thought is needed as to how you will protect the privacy of your clients, and you will need to consider what your legal commitments may be in respect of data protection (GDPR) as unless you are able to remove information that would allow the person concerned to be identified, or identifiable by any means, you will need their informed consent to write about them. See 8.3 and 8.4 for further discussion.

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## 2. What makes a good case study?

In reviewing some exemplary reports, McLeod and Elliott (2011) and McLeod (2009) described some characteristics of good case studies:

- A good case study is a collaborative effort between client and therapist. It is important to capture the client's experience by letting their point of view show through the narrative of the case. Richly described stories, whether documented by the counsellor or told by the clients themselves, can lead researchers to the discovery of themes that would otherwise not have been observed.
- The case is significant and engages its readers, who may include clients, peers, healthcare policymakers, fellow researchers, students, trainees, professional bodies, or the general public.
- Case facts are collected and analysed in a systematic and rigorous manner.
- The author indicates how the study adds a new dimension to the current understanding of theory, good practice, or research.
- It is written in language that is easy to understand and follows a clear structure.
- It provides adequate context and describes relevant information about the client, the counsellor, and the nature and setting of their therapeutic relationship.
- The study has been carried out ethically (see Point 7 of this fact sheet for more details).

You can further ensure your case study is of a high standard by considering its purpose – is it for research, publication, or professional development, or for a particular professional accreditation process?

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## 3. Writing case studies for research

When writing case studies for research, you are contributing to the advancement of your field in many ways. One of the most important ways you are doing this is through adding depth to the understanding of large-scale outcome studies. Randomised controlled studies are effective in showing clear links between certain factors, such as between a type of therapy and a particular outcome, but the nuances of each person's experience are rarely considered. The unique role of qualitative research, such as case studies, is that it enables counselling professionals to explore each participant's case in depth. The narrative nature of case studies enables researchers to document complex situations, personal histories, and richly detailed thoughts and opinions that inform their analysis and the actionable insights to be taken from the case (McLeod, 2010).

BACP promotes the importance of research for client welfare, professional knowledge, and healthcare policy-making. Case study research helps keep the evidence base for therapy robust, not only by demonstrating how it is effective but also where improvements are needed. Well-executed research helps professionals refine their practice. It also guides policymakers in deciding which types of therapies are to be recommended to the general public. For instance, if a case study can demonstrate potential downsides of certain approaches, this may be enough reason for policymakers to rethink recommending these services.

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## 4. Writing case studies for publication

Writing case studies for publication is another vital way for practitioners to keep adding to the counselling knowledge base. Publishing case studies helps 'demystify' therapy by adding breadth to the public's understanding of how it works, how it might help them, and where they can get help. Telling stories from practice is an excellent way to engage the public and shed light on psychotherapy theory and its potential benefits. Even though the importance of safeguarding mental health is now more widely acknowledged, there may still be some misconceptions about the nature and process of therapy; writing case studies for publication may be one way to help the public get a clearer understanding of the field (McLeod, 2010).

Whether they are just starting their practice or are well into their career in counselling, professionals also benefit from both writing and reading case studies in peer-reviewed journals or other relevant publications. Sharing practical examples from one's work with other professionals helps facilitate constructive dialogue (McLeod, 2009). It also provides practitioners with comparative cases to inform their work and professional development.

As new therapeutic methods are developed, it is essential to present evidence of their effectiveness. However, in the early stages of these novel approaches, large-scale studies are not yet feasible. In such circumstances, case study reports can provide the foundation of the new evidence base for innovative approaches. The publication of case studies may also encourage further research using larger samples. Practice-based theory-building is a two-pronged process that involves obtaining more data to support the application of established concepts while allowing innovative new models to be developed; case studies have a key role in this process (McLeod and Elliott, 2011).



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## 5. Writing case studies for professional development

For professionals at the beginning of their careers, presenting case studies throughout their journey from trainee to qualified practitioner is fundamental to advancing their professional competence. For seasoned professionals, writing (and reading) case studies is an effective way of reflecting on critical issues and aspects of their practice. Writing case studies allows practitioners to renew the conceptual framework that guides their therapeutic approach by encouraging them to explore novel concepts they may wish to incorporate into their practice. It also helps them refine the tried-and-tested methods they have used in their career. Writing case studies helps keep your therapeutic approach informed, current, and clinically effective (McLeod, 2010). Questioning and challenging one's own practice by writing case studies encourages deeper reflective practice, which benefits both the practitioner and client. It is an important element of continued professional development, which is fundamental to working to professional standards (*Ethical Framework*, point 14e).

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## 6. Writing case studies for submission for BACP Accreditation

As part of the Accreditation process, BACP asks members to use case material to illustrate self-reflection, give a sense of the relationship between you and your client(s) and show that the theories you have described within your application for accreditation are those you use in practice, and also how you have used supervision. You can find the specific criteria and application guide at: <https://www.bacp.co.uk/media/1517/bacp-individual-accreditation-application-guide.pdf>.

The case studies you write in this context are very specific to a particular process, so you need to ensure that you have noted their purpose, length and effectiveness to demonstrate the particular criterion required.

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## 7. Factors to consider when preparing a case study

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### 7.1 Choosing a case

It is essential to keep in mind the primary goal of the case study, as this will be your guide on how to optimally analyse the large amount of data that will be collected (McLeod, 2009). A 'successful' therapeutic case is not necessarily the most suitable choice, depending on your goal. Sometimes, it is useful to examine the factors that contributed to the outcome of an 'unsuccessful' case to provide opportunities for professional development and advancements in practice.

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### 7.2 Recording and organising the data

There are a variety of ways to collect rich case study data. As long as the method enables you to record the entirety of daily therapeutic practice, any or all of these tools are at your disposal:

- Forms completed by the client (or the parents, guardian, or appointed advocate or caretaker)
- Notes written by you during therapy
- Diaries or journal entries written by the client as part of the therapeutic process
- Video and audio recordings of therapy sessions
- Video and audio recordings made by the client as part of the therapeutic process
- Interviews conducted with the client
- Interviews or reports from consenting partners, family members or any other associate of the client
- Emails, letters or any other messages exchanged between you and the client
- Creative products that were made as part of therapy, such as artwork.

It is useful to consider sorting and compiling all data into a 'case book' that holds all information from the beginning to the end of the therapeutic or research process.

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## 7.3 Analysing case study data

According to the *Ethical Framework Good Practice*, point 86, "When undertaking research, we will be rigorously attentive to the quality and integrity of the research process, the knowledge claims arising from the research and how the results are disseminated." Using two studies as examples, particularly Råbu, Halvorsen and Haavind (2011) and Hill, Chui, Huang, Jackson, Liu and Spangle (2011), McLeod and Elliott (2011) recommend some strategies to ensure the systematic analysis of case data:

- **Triangulation** – This involves using multiple sources of information to interpret case data. Conclusions from one source must be checked against conclusions from other sources. This is important for your case study to be non-biased.
- **Research team dialogue** – It helps to have a team of researchers or practitioners to share each other's interpretation of case material and challenge each other's reading of the data. This encourages reflection and prevents your own biases dictating the findings.
- **Use of standardised rating scales** – It may be worth preparing a standardised rating scale for all research team members to use before listening or watching recorded case material. This helps keep interpretations as objective as possible, as well as being verifiable by another team member.
- **Inclusion of therapist's style in the analysis of data** – Use self-reflection to consider the style and behaviour of you – the practitioner – and explore what (if any) effect this may have on the therapeutic process. By analysing your own influence on the case, you will be able to offer greater depth and insight.

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## 7.4 Writing the case study

Most publications will have their own guidelines; ensure that these are followed as you write your case study. It is helpful to read past issues or articles to get an idea of publication requirements. In general, use clear and simple words to describe case information and insights. It is important to connect with the reader to keep them engaged until the end of the case study. The narrative needs to be described vividly, and it is useful to break down complex theories into more easily understandable concepts.

While there is no hard and fast rule on how to present the case, be sure to follow a clear structure when writing. The client and other non-counselling professionals may also read this case, and they need to be able to understand it. Other practitioners will also appreciate being able to see the details of the case and draw their own conclusions, based on observations from their practice.

While the structure of your case study will depend on the purpose of the study, as a general rule of thumb, a good case study will (Oakes and Kelly, 2018):

- Open with a 'written portrait' of the client, such as age, gender, culture, and any important appearance-related features that relate to the case study.
- Indicate any ethical considerations, such as informed consent and anonymity.
- Describe the client's presenting problem and a background to this problem.
- Take the reader on the client's therapeutic journey, from start to current status.
- Relate the case to your therapeutic modality.
- Identify any common themes and how these relate to the case and how you conducted therapy.
- Finish with self-reflection, including your key learnings and what you might do differently in the future.
- If the case study is for publication or research rather than professional development, you could also provide actionable insights and recommendations for practice or advise where further research is needed.

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## 8. Ethical considerations

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### 8.1 Client consent

Informed consent must be obtained from the client to retain, record and use therapeutic materials and observations as part of the case study.

This applies regardless of whether the case study is for research, publication, or professional development. For trainees, as per point 83a of the *Ethical Framework*, all trainees will:

*'seek their clients' permission to use any information from work with them for training purposes, for example, in presentations, case studies or as assessed practice. Alternatively, any report of work undertaken will be so thoroughly anonymised that the identity of the person concerned cannot be identified by any means reasonably likely to be used. Consent is required if anonymity cannot be assured or when required by the training provider's instructions or regulations.'*

Emphasis is placed on consent being 'informed.' As per the *Ethical Framework*, point 88, every research participant (which includes those taking part in a case study) 'will do so on the basis of explicit informed consent.' If a client is a vulnerable adult or child or young person under the age of 18 years, consideration must be given as to whether they can give consent, or whether consent may be required from those who have parental or legal responsibility.

Informed consent means that you have explained the purpose, methods, risks, and every other aspect of the entire case study process to the client and that the client has fully understood the information conveyed to them. Good practice would be that information is also provided within a document giving details of the case study, where this will be used, or published, and including a section for them to sign indicating that they have given permission for their data to be collected in this way, for this particular purpose.

It is necessary to regularly review whether the client is comfortable with their participation and to keep the consent process 'live' so that they can opt out if they wish. It is always acceptable for a client to agree (or refuse) first and then change their mind through the course of the process. At any time during the process, even at the end, a client can always withdraw their data. (See also *Ethical Guidelines for Research* at <https://www.bacp.co.uk/events-and-resources/research/publications/ethical-guidelines-for-research-in-the-counselling-professions/>)

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## 8.2 Therapist first, researcher second

The main reason for the existence of your relationship with each client is that you are there to help them achieve their desired outcomes from therapy, and to 'put clients first by: making clients our primary concern while working with them' (*Ethical Framework*, Commitment 1). Therefore, a therapist cannot steer the therapeutic process in such a way that it benefits a case study more than it does the counselling of a client. A client must never be pressured to try, for instance, a different therapeutic

approach if they do not agree it is the best option to help them achieve their desired therapeutic goals. This is in keeping with point 90 of the *Ethical Framework*: 'The research methods used will comply with standards of good practice in any services being delivered and will not adversely affect clients.' Regardless of whether the course of therapy aligns with the agreed case study goals or not, practitioners must always protect the client's right to receive quality mental health care.

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## 8.3 Anonymity

It is imperative that you protect the identity of clients within case studies, and that clients understand the implications for themselves, and their family and friends, if they are named or recognisable in some way. Upon obtaining the necessary consent to use client data, participants need to be asked how they would like their details to be changed (for instance, their age, location, occupation, nationality, and other specifics). This gives them some control over the process. They may be happy for you to simply use a pseudonym, but it is respectful to put the client in the driving seat with such decisions, and ensure that they are able to make informed choices.

Ideally, 'characters' in a case study will be described in a way that is unrecognisable even to the clients themselves. In some case studies, a composite or fictional subject may be helpful. Clients should also be asked if there is any information they wish to be removed from the case study once it is written. Indeed, before publication or use within professional training, participants must be given the chance to review and comment on the final draft (McLeod, 2009). This demonstrates a commitment to showing respect to clients and working in partnership with them (*Ethical Framework*, point 3).

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## 8.4 Confidentiality

Closely related to anonymity is confidentiality. This involves the safekeeping of any data that were collected during the therapy or research. Any data recorded in writing, on video, audio, or by any other means need to be stored securely. In the case of digital data, cybersecurity is also necessary. Any unused case information must be destroyed after research. The *Ethical Framework* requires that members respect the confidentiality and privacy of clients by 'actively protecting information from unauthorised access or disclosure' and letting clients know in advance about any potential limitations to the provision of confidentiality or privacy (Good Practice, point 55). Data protection law gives clients the rights to know what records you keep, how long you keep them for and for what purpose you use them. They are entitled to request copies of any personal information you store about them.

You can find out more about data protection at: <https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr/> or within Good Practice in Action 105 The General Data Protection Regulation (GDPR).

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## 8.5 Impact of case study on therapy

Practitioners undertaking case studies in respect of clients they are still working with will need to consider the impact the case study may have on the therapeutic relationship and/or process. Thought needs to be given in advance to making time within supervision to consider some of the ethical dimensions and questions that may arise such as:

- whether the finished case-study will be shared with the client,
- what will happen if the client disagrees with what is written,
- at what point will client be able to withdraw their consent

and other wider questions such as:

- how other clients may feel if they discover you have written about another client, but not them.
- if your case study is published, how prospective clients/supervisees will think about your work.

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## Summary

Whilst there are numerous ethical considerations to think about when writing case studies, the personal and professional benefits are really worthwhile. Not only can your case studies benefit you as a practitioner, but they can also benefit other practitioners, advance evidence-based practice, and demystify therapy for the general public.

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## About the Author

Content for this resource has been authored by Dr Nicola Davies.

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