**Intervention Case Presentation (30 minutes)**

You will be assessed on the following dimensions:

**Please note:**your PowerPoint slides will need to be submitted by **9am**on the morning of your presentation.

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| **\*Assessment** |
| Should include: * Reason for referral and for seeking intervention at this point.
* Presenting problem(s), diagnosis and co-morbidity.
* Relevant background/personal information, including development of the problem, predisposing and precipitating information, and current social circumstances.
* A genogram of the family
* Risk assessment (give some detail of how risk was assessed, including any particular tool or protocol that was used)
* Identified goals for intervention (focus on SMART goals).
* Reference to relevant NICE guidance
* Issues relating to engagement and the therapeutic alliance.
* Use of the relevant theory or model to guide assessment, formulation and intervention
* Scores on IAPT service outcome and assessment measures.
* Relevant disorder specific assessment questionnaires (if appropriate).
* Issues relating to engagement and the therapeutic alliance.
* Describe overall intervention strategy if working with other professionals or as part of a team
* Describe any personal/developmental adaptations required
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| **\*Conceptualisation / Formulation** |
| * Where a particular model may be relevant, explain how this has been used to guide formulation and intervention
* (this should be referenced and accurately described)
* There should be a description of the case conceptualisation clarified, where possible, by a diagrammatic representation of the conceptualisation.
* The formulation should link and explain the presence of maintenance factors of the presenting problem(s) and the development of the problem.
* The formulation should relate to the client’s goals and flow from the assessment.
* Ensure a focus on collaboration with explicit client contribution and parent/carer contribution and possibly other professionals
* Protective factors should be included as part of the formulation
* Developmental needs relevant to the individual should also be included
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| **\*Intervention Plan** |
| * Interventions should relate to and flow from the client’s goals (and parent/carer goals), and the formulation, and be in line with CYP-IAPT evidence based practice
* Rationales for the interventions carried out should be explained
* Enough detail should be given so that it is clear what was done, but a blow-by-blow account of each session is not needed.
* Examples of work done should be included –actual work-sheets completed and/or video clips of work done
* Include reference to relevant NICE guidance
* Comment on the non-specific aspects of the therapeutic relationship or engagement which are likely to support the process
* Identify difficulties encountered
* Include details of adaptations or modifications made to intervention related to the individual needs of the client(s) or young person (people).
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| **\*Critical Evaluation/Outcome** |
| * You need to evaluate the interventions as applied and the outcome of the case.
* You need to demonstrate that evaluation is not something that is done just at the end of an intervention, but throughout the course of intervention so that you know you are on track.
* Present CYP-IAPT service outcomes for the client wherever possible, and provide interpretation of what these mean
* You should critically evaluate the outcome to date; why you think the changes made have been made, or if no changes have happened, why this may be. Where possible relate this to current relevant theory and or the formulation and model.
* You should re-administer and report on relevant measures that were used at assessment (if not a reason should be given).
* Outcomes should be clearly related back to the identified goals of the intervention
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| **\*Link of theory to practice** |
| This is covered to some extent in previous areas.Throughout the presentation you need to:* + Relate the clinical work carried out to relevant theory and relevant models.
	+ Use theory to guide your assessment, formulation and intervention plan and guide your thinking about this case.
* Refer to and make use of the relevant literature pertaining to this family/group
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| **Self reflectivity** |
| Throughout the presentation you should demonstrate a reflective approach to the work you carried out and the use of methods/tools to aid this process. For example we would expect you to provide a rationale for the work carried out that draws on your ability to reflect on theory/therapeutic alliance/socio/political/organisational /professional and ethical factors. Reflection may involve demonstrating an awareness of the way that your own assumptions/beliefs that might impact on the process and outcome of therapy with due consideration of how this may shape and develop your practice in the future. You may find it helpful to provide an outline of any tools or mechanisms that you used in order to aid this process (e.g. supervision discussion, protected preparation time for therapy & supervision sessions, thought records, listening to session recordings etc.). |
| **Awareness of professional issues (including confidentiality)**  |
| Your work should demonstrate good professional awareness, (e.g. good awareness of issues of risk, awareness of ethical issues and awareness of power dynamics). You should demonstrate an awareness of issues of diversity and difference and its impact on the therapeutic relationship.**NB** You need to make it clear that names and identifying information has been changed. A statement on the submission cover page will suffice. |
| **Structure and style** |
| Marks will be awarded for a well-structured and well-presented case presentation. Use of PowerPoint is strongly encouraged and PowerPoint slides (or equivalent document) should include prompts/bullet points to aid presentation and discussion of the case. The case presentation should flow in a logical manner and any slides/handoutsprovided should be relevant and aid the markers. The slides will be required to be submitted to the markers before the presentation. Be mindful of your use of language, both regarding the use of colloquialisms and jargon. Where appropriate you may make use of diagrams, tables and bullet points in the presentation to clarify information.A possible structure could be based on the marking criteria e.g.: Introduction to the presentation, reason for referral, presenting problem(s), assessment, formulation, intervention plan. Theory to practice links, self-reflectivity and professional issues could be covered throughout the presentation.Your case presentation should be clearly presented and you may wish to consider practicing your presentation beforehand where possible. Consider any preparation time needed for the set-up of your presentation as this should be kept to a minimum. Put any aids (e.g. PowerPoint document) onto a memory stick and position any otheraids needed (e.g. flipchart, handouts) at the beginning of your presentation. |
| **References** |
| References should be given throughout the presentation and provided on a slide at the end. For simplicity of visual presentation, references in the presentation slides can be shortened to ‘et al.’. Reference section at the end MUST conform to APA guidelines. Please check and double check references in terms of accuracy, consistency and ensuring that all references in the presentation slides/text are referred to in the reference section. |
| **Spelling, grammar, typographical errors and presentation** |
| You will be marked down for typographical, grammatical and spelling errors on any slides/hand-outs you provide. If you have problems in this area please use the study skills department. |
| **Length of Presentation** |
| The case presentation should be a maximum of 30 minutes duration. The presentation will be halted at 30 minutes and information not presented will not receive credit. |

**\*** Indicates a key area. A failure on two or more of the key areas will result in an overall fail. In the case of an overall fail, the trainee will be required to provide a re-submission.