

Publishing a Single Case Study

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Abstract

Our goal in this article is to encourage and help clinicians, academics, and students write up a case report for publication. We begin by reminding readers of the importance of publishing case material, and then we briefly discuss the issues of selecting a case that is suitable for publication and handling ethical matters. We conclude with a brief discussion of the challenge of finding a publication outlet and provide a table of peer-reviewed journals that publish single case reports.

Publishing a Single Case Study

Why write up and publish a report of a single case? Data from a single case can contribute to the literature in situations in which a randomized controlled trial or other group study is infeasible. An example is the study of a rare condition or of an innovative and promising intervention that has not yet been studied systematically in a group study. In addition, single case data, when collected systematically in a controlled and carefully designed single case experimental design (see (Barlow, Nock, & Hersen, 2009; Kazdin, 2011)) can provide strong tests of causal hypotheses. For example, an ABAB design can show quite convincingly that a particular intervention (B) causes behavior change that is not present in the A (baseline condition or condition in which B is withdrawn). (Of course, an ABAB design is not always practical, as in cases when the intervention (B) involves teaching skills that are not unlearned when the intervention is withdrawn. In this case, the investigator might instead choose a multiple baseline or other design (see (Barlow et al., 2009; Kazdin, 2011)).

The single case study can also play an important role in the scientific task of hypothesis-generation; for example, it can provide a bit of evidence to support a hypothesis about a change mechanism in treatment or a novel intervention that can prompt replication studies and group studies. Finally, the publication of a single case study serves a professional development function, in that it offers a route for clinicians, who often do creative and innovative work, to disseminate their findings to fellow-clinicians and to the scientific community. In so doing, clinicians can help not just the patients they treat, but many others. As readers of *the Behavior Therapist* likely know, the study of a single case has a long and important tradition in behavior therapy (see chapter 9 of Hayes, Barlow, and Nelson-Gray (1999) for an inspiring discussion of this topic).

Our goal in this article is to help students, clinicians, and researchers write up a case report for publication. We briefly discuss three topics: selecting a case, addressing ethical issues, and finding a publication outlet.

Selecting a Case

To identify a case that you can write up and submit for publication, we offer a list of questions that might yield an idea about a case to study: Have I successfully treated a patient who had problems for which no empirically-supported treatment is available? Have I devised an innovative treatment that has been helpful to one or more patients? Have I applied a well-known treatment to a new problem or disorder with good results? Have I successfully used an empirically-supported treatment with a patient who had characteristics (e.g., nonwhite race or ethnicity, transsexual, blind, deaf) not represented in the randomized controlled trials of that treatment? Have I treated a patient and simultaneously monitored symptoms and the psychological mechanisms I viewed as causing the symptoms, so that I learned something about relationships between interventions, changes in psychological mechanisms, and changes in symptoms over time? (e.g., (Boswell, Anderson, & Barlow, 2014; Brown, Bosley, & Persons, 2017)). Do I have long-term follow-up data from any of my patients? In all of these types of situations – and others not listed here -- a write-up of the case can make a contribution to the field. It's useful to select a patient who had a good response to treatment. In general, I assume that if the patient had a poor outcome, there must be something I don't understand about the case. However, even failure can be informative (see Dimidjian and Hollon (2011)). A

particularly informative case is the patient whose initial outcome was poor but ultimate outcome was good (e.g., Persons, Beckner, and Tompkins (2013)).

To publish a case report, the clinician must have some data. The quality of the data and the design of a case report can vary widely, from an informal report with little or poor quality data, to a carefully controlled study that meets high standards for a single case design, as described in (Kratochwill et al., 2010) and (Smith, 2012). One of us published (Persons & Mikami, 2002) a case of hypochondriasis where the main data were simply a verbal report from the patient at every session about how many flare-ups of hypochondriasis symptoms he had had during the previous week! If you find that when you go into your records, you do not have the data you need to write a publishable report, you can begin collecting more systematic progress monitoring data in your practice with a view to the future publication of a case.

Ethical and privacy issues

Unless the data were collected via federal funding or you are a faculty person or student at a university, a review of your report by a formally constituted institutional review board is likely not needed. However, you may want to conduct an informal review, inviting a colleague or two to review your treatment and writeup, and documenting the results of this process. It is a good idea to consult the ethical principles of your professional association and use them to guide your treatment, data collection, and writeup, in order to protect your patient's interests and privacy, and to protect yourself from ethical errors. It can also be helpful to consult with your malpractice insurance company, which will be happy to offer guidance that can protect you, your patient, and your practice from harm.

To protect your patient's privacy, you will want to disguise details of your patient's identity, doing this in a way that preserves the integrity of the scientific or clinical contribution of the material. Don't forget to disguise the clinical material so that even the patient described cannot recognize it. It is also ideal to obtain your patient's written permission to publish the material and to give the manuscript to the patient to review before you submit it.

Sometimes the demands of science and good care conflict. For example, the clinician wanting to use an ABAB design must withdraw an intervention that has been helpful to the patient. Transparency is a key piece of the solution to this dilemma. I have often found that if I want to do something in treatment, such as withdraw an intervention in order to learn something that can contribute to science, that my patient, if fully informed, is quite willing to do it, especially if we can find a way to do it that is not unduly burdensome to him or her. Patients are often quite generous and eager to contribute to science and to the reduction of others' suffering. (And a treatment withdrawal, while uncomfortable, can yield useful information that can provide some long-term benefit for the patient.) A consultation with a colleague to be sure you are carefully considering all of the ethical issues is especially important in this type of situation.

Finding a publication outlet

Group designs are the current dominant research method in clinical psychology. Finding a publication that will publish a single case study can seem daunting, but it is possible. To guide your search to publish, we provide in Table 1 a list of peer-reviewed empirical clinical psychology research journals that have recently published single case studies, including uncontrolled case reports and tightly controlled single case experimental designs. The table

provides, for each journal, the impact factor, pertinent submission information from the journal's editors, and the citation for a recently published example. Smith (2012) also provides information about journals that publish single case experimental designs.

The table lists peer-reviewed journals. However, the practitioner can also consider submitting his or her case to a professional association newsletter like *the Behavior Therapist* (e.g., Persons (1990)). For ABCT members, publishing in *tBT* is a gratifying way of contributing to our own professional community. It's also a great way for students and clinicians to take a first step toward sharing with a larger professional community what they are learning from their work with their patients.

Table 1: Peer-Reviewed Journals that Publish Single Case Designs

Journal	Impact Factor ^a	Relevant Submission Information Provided by the Editor	Recent Publication
Depression and Anxiety ^b	4.971	“The journal publishes only two types of articles: original Research Papers and Reviews. A priority is placed on treatment and review papers, and on papers with information and findings that will enhance the clinical evaluation and care of individuals struggling with the effects of these disorders.”	Jiménez Chafey, M. I., Bernal, G., & Rosselló, J. (2009). Clinical case study: CBT for depression in a Puerto Rican adolescent: challenges and variability in treatment response. <i>Depression and Anxiety</i> , 26(1), 98-103.
Journal of Consulting and Clinical Psychology ^{b, c}	4.593	“JCCP also considers methodologically sound single-case designs (e.g., that conform to the recommendations outlined in the "What Works Clearinghouse (WWC) Single-Case Design" paper).” <i>Reference:</i> Kratochwill, T. R., Hitchcock, J., Horner, R. H., Levin, J. R., Odom, S. L., Rindskopf, D. M. & Shadish, W. R. (2010). Single-case designs technical documentation. Retrieved from What Works Clearinghouse website: http://ies.ed.gov/ncee/wwc/pdf/wwc_scd.pdf	Boswell, J. F., Anderson, L. M., & Barlow, D. H. (2014). An idiographic analysis of change processes in the unified transdiagnostic treatment of depression. <i>Journal of Consulting and Clinical Psychology</i> , 82(6), 1060-1071.
Journal of Abnormal Psychology ^c	4.133	“Case Studies from either a clinical setting or a laboratory will be considered if they raise or illustrate important questions that go beyond the single case and have heuristic value. Empirically-based papers are strongly preferred.”	Bryant, R. A., & Das, P. (2012). The neural circuitry of conversion disorder and its recovery. <i>Journal of Abnormal Psychology</i> , 121(1), 289.
Behaviour Research and Therapy ^c	4.064	“The following types of submissions are encouraged: theoretical reviews of mechanisms that contribute to psychopathology and that offer new treatment targets; tests of novel, mechanistically focused psychological interventions, especially ones that include theory-driven or experimentally-derived predictors, moderators and mediators; and innovations in dissemination and implementation of evidence-based practices into clinical practice in psychology and associated fields, especially those that target underlying mechanisms or focus on novel approaches to treatment delivery.”	Challacombe, F. L., & Salkovskis, P. M. (2011). Intensive cognitive-behavioural treatment for women with postnatal obsessive-compulsive disorder: A consecutive case series. <i>Behaviour Research and Therapy</i> , 49(6), 422-426.

^a Journals are presented in decreasing order of impact factor as reported on journal website^b This journal publishes case series more frequently than single case studies^c This journal rarely publishes single case designs

Behavior Therapy ^c	3.434	“Although the major emphasis is placed upon empirical research, methodological and theoretical papers as well as evaluative reviews of the literature will also be published. Controlled single-case designs and clinical replication series are welcome.”	Willson, R., Veale, D., & Freeston, M. (2016). Imagery rescripting for body dysmorphic disorder: A multiple-baseline single-case experimental design. <i>Behavior Therapy</i> , 47(2), 248-261.
Psychotherapy	2.573	“Directly related to the main aims of this Journal we also encourage submission of ... Evidence-Based Case Studies that integrate verbatim clinical case material with standardized measures of process and outcome evaluated at different times across treatment. In particular, http://www.apa.org/pubs/journals/pst/evidence-based-case-study.aspx calls for evidence-based case studies as part of the journal’s special series. The specific guidelines listed are found at http://www.apa.org/pubs/journals/pst/evidence-based-case-study.aspx .	Arco, L. (2015). A case study in treating chronic comorbid obsessive-compulsive disorder and depression with behavioral activation and pharmacotherapy. <i>Psychotherapy</i> , 52(2), 278-286.
Psychotherapy Research	2.570	“The journal is committed to promoting international communication by addressing an international, interdisciplinary audience, and welcomes submissions dealing with: <ul style="list-style-type: none"> - diverse theoretical orientations (e.g., psychodynamic, cognitive, behavioral, humanistic, experiential, systems approaches) - treatment modalities (e.g., individual, group, couples, family) - research paradigms (e.g., quantitative, qualitative, clinical trials, process studies, outcome prediction, systematic case studies, measure development, meta-analyses)” 	Dillon, A., Timulak, L., & Greenberg, L. S. (2016). Transforming core emotional pain in a course of emotion-focused therapy for depression: A case study. <i>Psychotherapy Research</i> , 1-17.

Cognitive and Behavioral Practice	2.537	“ <i>Cognitive and Behavioral Practice</i> publishes clinically rich accounts of innovative assessment and therapeutic procedures that are clearly grounded in evidence-based practice. The primary focus is on application and implementation of procedures. Accordingly, topics are selected to address current challenges facing practitioners, both in terms of technique, process, and the content of treatment. To meet this goal, articles may include rich descriptions of clinical interventions, examples of client-therapist dialog, embedded video clips readers can view on line, and/or significant case descriptions.”	Paulus, D. J., & Norton, P. J. (2016). Purging anxiety: A case study of transdiagnostic CBT for a complex fear of vomiting (emetophobia). <i>Cognitive and Behavioral Practice</i> , 23(2), 230-238.
Clinical Psychology: Science and Practice	2.38	“ <i>Clinical Psychology: Science and Practice</i> presents cutting-edge developments in the science and practice of clinical psychology by publishing scholarly topical reviews of research, theory, and application to diverse areas of the field, including assessment, intervention, service delivery, and professional issues.”	Wendland, J., Brisson, J., Medeiros, M., Camon-Sénéchal, L., Aidane, E., David, M., ... & Rabain, D. (2014). Mothers with borderline personality disorder: Transition to parenthood, parent–infant interaction, and preventive/therapeutic approach. <i>Clinical Psychology: Science and Practice</i> , 21(2), 139-153. ^d
Frontiers in Psychology (Clinical Settings)	2.323	“Case Reports are reports on human or animal patients having particular clinical course, diagnostic work-up, unexpected diagnosis, or treatment outcomes that are of relevance for clinical practice and medical teaching. Case Reports must include a brief introduction that provides appropriate context for the case, and a case presentation that includes: age, sex and occupation of the patient, presenting symptoms, the patient’s history and any relevant family or social history, and relevant clinical findings. This should be followed by a description of laboratory investigations and diagnostic tests. Authors should provide explanations for any differential diagnosis, final diagnoses, treatment, and also comment on the progress of disease and/or treatment. The report should conclude with a short	Johnson, S. U., & Hoffart, A. (2016). Metacognitive therapy for comorbid anxiety disorders: A Case Study. <i>Frontiers in Psychology</i> , 7(1515).

^d This paper includes a case report

		discussion of the underlying pathophysiology and the novelty or significance of the case.”	
Journal of Clinical Psychology	2.123	“The Journal includes research studies; articles on contemporary professional issues, single case research; brief reports (including dissertations in brief); notes from the field; and news and notes.”	Wu, M. S., & Storch, E. A. (2016). A case report of harm-related obsessions in pediatric obsessive-compulsive disorder. <i>Journal of Clinical Psychology</i> , 72(11), 1120-1128.
Clinical Psychology and Psychotherapy	1.933	“ <i>Clinical Psychology & Psychotherapy</i> aims to keep clinical psychologists and psychotherapists up to date with new developments in their fields. The Journal will provide an integrative impetus both between theory and practice and between different orientations within clinical psychology and psychotherapy. <i>Clinical Psychology & Psychotherapy</i> will be a forum in which practitioners can present their wealth of expertise and innovations in order to make these available to a wider audience. Equally, the Journal will contain reports from researchers who want to address a larger clinical audience with clinically relevant issues and clinically valid research.”	Ferreira, J. F., Vasco, A. B., Basseches, M., Santos, A., & Ferreira, J. M. (2016). Exploring phase progression throughout the therapeutic process: The case of Eva. <i>Clinical Psychology & Psychotherapy</i> , 23, 407-426.
Journal of Applied Behavior Analysis	0.914	“Innovative pilot work, replications, and controlled case studies will be considered for publication as Reports. Reports will be judged according to the following criteria: (a) The subject matter has applied significance, (b) the information necessary to replicate the procedures is contained in the report, and (c) the data collection and analysis permit reasonable conclusions about the phenomenon.”	DeRosa, N. M., Roane, H. S., Bishop, J. R., & Silkowski, E. L. (2016). The combined effects of noncontingent reinforcement and punishment on the reduction of rumination. <i>Journal of Applied Behavior Analysis</i> , 49(3), 680-685.

Clinical Case Studies	0.523	The journal is devoted solely to case studies and “seeks manuscripts that articulate various theoretical frameworks (behavioral, cognitive-behavioral, gestalt, humanistic, psychodynamic, rational-emotive therapy, and others). All manuscripts will require an abstract and must adhere to the following format: (1) Theoretical and Research Basis, (2) Case Introduction, (3) Presenting Complaints, (4) History, (5) Assessment, (6) Case Conceptualization (this is where the clinician’s thinking and treatment selection come to the forefront), (7) Course of Treatment and Assessment of Progress, (8) Complicating Factors (including medical management), (9) Access and Barriers to Care, (10) Follow-up (how and how long), (11) Treatment Implications of the Case, (12) Recommendations to Clinicians and Students, and References.”	Babinski, D. E., & Nene, N. V. (2016). Persistent family stress in the course of cognitive-behavioral therapy for a 7-year-old girl with social anxiety disorder. <i>Clinical Case Studies</i> , 15(4), 263-279.
Pragmatic Case Studies in Psychotherapy	unrated	“We seek manuscripts in the areas of individual case studies; multiple case studies; analytical or critical comparative reviews of previously published case studies, particularly those that have been published in PCSP; and case study method. A manuscript can cover either one case or a series of cases of a particular type. All cases have to be described in systematic, qualitative detail. Client scores on standardized, quantitative measures at the beginning, during, end, and follow-up of therapy are highly desirable where feasible and consistent with the theoretical approach employed. Such scores normatively contextualize a case.”	Cohen, R. (2016). Getting into the ACT with psychoanalytic therapy: The case of “Daniel.” <i>Pragmatic Case Studies in Psychotherapy</i> , 12(5), 1-30.

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