Anna Freud
National Centre for
Children and Families

DIT Case Study Submission and Marking Guidelines

AIM:

The overall aim of the case study is to demonstrate a capacity to integrate psychodynamic theory and practice through describing the work undertaken in one of the two DIT training cases. There are several key areas you need to cover to meet the four marking criteria and these are set out below. You can assume that the marker is well-versed in DIT so you do not need to spend time explaining or referencing key parts of the DIT model.
Candidates should include **a visual illustration of the IPAF** and a **copy of the goodbye letter** in the appendices.

TIMING:

After you have completed your last DIT case towards accreditation, your supervisor will give you the go ahead to write up your case study. You should discuss with your supervisor which of your cases to write up. You are expected to submit your case study **within three months** of completing your last case. If you require an extension please email amy.rozwod@annafreud.org to request this and copy your supervisor into the email correspondence.

SUBMISSION PROCEDURES:

Email two electronic versions of the case study to amy.rozwod@annafreud.org. Make sure one version is completely anonymised - your name should not appear on it anywhere. Save the second version in your name and include a cover sheet with your contact details and your supervisor's contact details. There is a £125 marking fee which should be paid via Make a Payment at the time of submission.
You will be assigned a different marker to your supervisor. It usually takes 6 weeks to mark the case study and return it to you with the marker's comments, which are also copied to your supervisor.

There are four possible outcomes: **pass**, **pass subject to minor modifications**; **pass subject to major modifications** (in more than two areas of feedback); and **fail**. If you have modifications, the feedback will give you a clear indication as to what you need to do in order to achieve a pass. Please email another copy of the revised study with tracked changes. You will have **3 months** within which to submit the revisions to the unit. We do not charge for minor modifications of your case study but will charge £75 for major modifications. A case study will fail when the work described is not in keeping with the DIT model and may even be counter to the model, where there is no IPAF or clear narrative history. If you have failed the case, you will need to rework it and there is an additional marking charge of £150 for this. We will double mark case studies that fail, those that require major modifications and random case studies from the other categories.

We do not encourage supervisors to read your case study before you submit it, however, some supervisors may be willing to consult with you about marking feedback and may charge for the additional time this requires.

LENGTH:

The case report is **3,000 words** excluding the reference list and goodbye letter. There is a 10% margin of tolerance. Submissions that go beyond the word limit will be marked up to the stipulated word count including the 10% margin.

LAYOUT:

The case report should be double spaced. While this is not an academic paper ready for publication, we expect the writing style to be professional. Please ensure you ask someone to proofread the document for you and don't rely on spell checks, e.g. where mentalisation often becomes metallisation.

MARKING CRITERIA:

DIT Case study marking is against four criteria:

1. **A clear psychodynamic formulation using the IPAF.**

   This section needs to include the history of the patient that informed the IPAF. Please refer to page 112 in the DIT text book for some helpful pointers on how to write a DIT formulation. We will be looking to see that the IPAF flowed from the history and the words the patient used. Try to be aware of the narrative that develops when you write up your clinical work so that you can anticipate and answer questions that may arise in the reader's mind. To pass this section, there needs to be a **coherent history**, an **IPAF** (self, other and affect) that links to past and present relationships and generalises across several different areas in the patient's life and that links with **the reasons why the patient has presented for help now**. We expect you to cover the **defensive function of the IPAF** and to convey a sense of **how you negotiated the IPAF** with the patient. A **diagram** of the IPAF is essential. It is preferable if you can also comment on the cautionary tale you shared with the patient during the initial phase and how the attachment style links with the IPAF.

2. **Knowledge of psychodynamic theory that is relevant to an understanding of the patient's specific psychodynamics (e.g. narcissism, attachment theory, psychoanalytic theories of depression) and that is clearly referenced in a recognised format (e.g. Harvard).**

   We want to see that you have read and applied at least 1-2 significant areas of psychoanalytic theory to the formulation of your case study. This requires explaining the theory in some detail and relating it to the patient's dynamics. It is insufficient to reference something in passing, like saying "The patient has a false self (Winnicott, 1960). To pass this section, you need to use the Harvard Referencing System and all books require a page reference while journal articles do not. Ensure you have correctly referenced all the theory you have used in the case study. Use primary sources to cite key ideas, e.g. cite Winnicott rather than Gomez on the false self.

In the text cite author name, date and page number if sourced from a book, only name and date if referring to a paper

- Freud said, 'the ego is first and foremost a bodily ego' (1923, p. 20).
- Mrs A.'s preoccupation with her weight reminded me that 'the ego is first and foremost a bodily ego' (Freud, 1923, p. 20).
- The patient told me a 'cautionary tale' (Ogden, 1992).

For books give Second Name, Initial. (pub. date). *Title of book*. Place of publication: publisher.

- Lemma, A., Fonagy, P. & Target, M. (2010). *Dynamic Interpersonal Therapy: A Clinician's Guide*. Oxford: OUP.

For papers give Second Name, Initial. (pub. date). 'Title of paper'. *Journal,* volume number (issue), page numbers.

- Ogden, T.H. (1992). 'Comments on Transference and Countertransference in the Initial Analytic Meeting.' *Psychoanalytic Inquiry*, 12(2), pp. 225-247.

3. **A clear outline and 'flavour' of the developmental progression of the therapeutic work through the 3 phases of the DIT model that demonstrates the therapist's understanding of the DIT model. If the therapist opted to deviate from the model at any point in the 3 phases they should be able to provide a clear account of why they were not able to follow what the model suggests.**

In this section, you should explain the **goals** that you arrived at which are **realistic** for brief therapy and which **link with the IPAF**. We would like you to convey **how you worked with the IPAF** during the middle stage in order **to encourage change** in relation to those goals. We would expect you to convey a sense of **how the IPAF was refined** over the course of DIT and how you worked with the **reversal of the IPAF**. We expect the focus of the work in the middle phase to be largely in the **here-and-now**. Any deviations to the model like delays in sharing the IPAF or the goodbye letter need to be explained and reflected upon. We expect you to cover the **defences the patient used in relation to the IPAF** and how you explored **the cost of these defences**. We would also expect you to talk about the way the **IPAF played out in the transference**. You must include the **goodbye letter** as an appendix and we would expect the content of the goodbye letter to link with the case study without being a repetition of it. It is preferable to include an example of working with the patient's non-mentalising as well as referring to the use of outcome measures and attachments scales.

4. **A capacity to reflect on the challenges presented by the work within the model and /or with a particular patient, illustrating how the therapist was able to respond to these challenges. The case study should conclude with a concise, appropriately critical appraisal of the work, and learning points in relation to the DIT model.**

This section can be woven into the body of the case study or it can be a stand-alone section. We want to see that you have reflected on **your particular learning points** in relation to the DIT model – what did you find challenging and difficult or rewarding and enjoyable? We are very open to hearing a wide range of responses to this question, such as: how did you find working in a time-limited way? How did you find working psychodynamically in an IAPT setting? What were the challenges posed by this particular

patient? What are your thoughts now about their suitability for DIT? How did you find supervision in this model and the particular experience of recording your sessions and having your supervisor listen to and rate them? Would you change the IPAF on reflection? We expect to see something about your **use of the transference in DIT** and your capacity to reflect on your own **countertransference** at some point in the case study.

5. Other comments

In this final section, the marker can make some constructive comments about areas to focus on in your ongoing DIT supervision and may summarise feedback from other sections of the marking.