CASE REPORT

CAP361 CAP461 CAP561

COUNSELLING PLACEMENT

2026

Modality: WRITTEN

Due Date: 2 WEEKS PRIOR TO THE END OF PLACEMENT

Task Length: WORD COUNT – 2000-2500

IMPORTANT

Please refer to Unit Outline and Course Information Handbook for further information about Cairnmillar Institute assessment submission requirements and policies.

RATIONALE FOR ASSESSMENT

As part of the counselling placement requirements, students are expected to complete and submit one case report for each placement unit (CAP361, CAP461, and CAP561). The case report provides an opportunity for students to thoughtfully reflect on their therapeutic work and demonstrate how they integrate counselling theory, clinical skills, and professional judgement within the context of client care.

The purpose of the case report is not only to assess competency, but also to support students' ongoing professional growth as developing practitioners. It encourages students to engage in reflective and ethical practice, deepen their understanding of the counselling process, and consider the unique experiences, strengths, and needs of the clients they work with.

Through the case report, students are invited to demonstrate their ability to:

- build an understanding of the client's presenting concerns within the context of their personal history and lived experience;
- gather and synthesise relevant assessment information in a sensitive and ethically informed manner;
- develop a meaningful and theoretically informed understanding of the client's difficulties, strengths, and goals;
- apply counselling interventions that are responsive to the client's individual needs and therapeutic goals;
- reflect on the development of the therapeutic relationship and the counselling process over time;
- evaluate the effectiveness and appropriateness of interventions used; and
- critically reflect on their own learning, self-awareness, use of supervision, and emerging professional identity.

The case report also provides students with an opportunity to demonstrate their capacity to work collaboratively, respectfully, and compassionately with clients while integrating theory into practice in a way that is client-centred, culturally responsive, and ethically grounded.

All case reports will be assessed by the designated marker and graded as either **Satisfactory** or **Unsatisfactory** in accordance with the placement unit requirements and assessment criteria.

UNIT LEARNING OUTCOMES ASSESSED

1. Demonstrate foundational counselling skills, including rapport building and active listening, through working with a diverse range of clients across the lifespan and a variety of presenting issues in counselling and community settings.
2. Apply theoretical and ethical knowledge — including counselling theories, assessment, formulation, case planning, and intervention approaches — to real-world clinical practice.
3. Perform core counselling tasks such as conducting sessions, writing professional case notes, and contributing to treatment planning within their placement organisation.
4. Demonstrate professional and collaborative practice, including effective communication, teamwork, adherence to organisational standards, and constructive engagement within supervisory relationships.
5. Develop an understanding of the broader Australian mental-health system and the counsellor's role within it, including how PACFA's and ACA's Codes of Ethics and Practice guide professional conduct, client care, interagency collaboration, and alignment with national service pathways.

DESCRIPTION OF ASSESSMENT

General Requirements

- Students must submit 1 case report for each placement unit via Sonia CAP Case Report Form
- Word count: between 2,000–2,500 words
- The case should reflect a different presenting issue in each report to show the breadth of your experience
- The report must be fully de-identified: use a pseudonym, initials, or refer to "the client"
- The report should be written in clear academic prose (no dot points), using plain English and correct grammar
- The report must follow APA 7th edition formatting
- The report should include at least 8 current academic references to support your analysis
- The focus of the presenting case should be clear and simple - avoid selecting your most complex case.

Structure and headings

Referral details and counselling service context

Include:

- Source of referral (e.g., self-referral, GP, community agency)
- Client introduction (demographic details, gender, pronouns) and brief reason for referral
- Context of counselling (service or placement setting)
- Date of initial session and total number of sessions attended
- Duration of counselling involvement (e.g., 6 weeks, 3 months).

Client presentation

Describe how the client presented during the counselling process, incorporating relevant Mental Status Examination (MSE) observations where appropriate. The purpose is not to diagnose, but to provide a professional description of the client's current presentation and functioning.

Consider including:

- General appearance and self-care
- Behaviour and level of engagement
- Mood and affect
- Speech and communication style
- Thought processes and thought content
- Orientation, perception, memory, concentration, and cognition (where relevant)
- Insight and judgement.

Include a brief discussion of risk and safety considerations, noting any concerns relating to:

- Self-harm or harm to others
- Suicidal thoughts or behaviours
- Family violence
- Significant mental health challenges
- State how risk and safety were explored (e.g., conversational assessment, structured tool, ongoing review throughout the counselling process).

Relevant background history

Provide relevant contextual information that contributes to understanding the client's experience, using a Biopsychosocial–Spiritual (BPSS) lens where appropriate.

Include relevant information such as:

- Biological factors
    - Physical health and medical conditions

    - Medications
    - Sleep, energy, and wellbeing
    - Disability, neurodevelopmental factors, or mental health history
- Psychological factors
    - Emotional wellbeing
    - Coping strategies
    - Attachment experiences
    - Trauma history
    - Beliefs about self, others, and the world
- Social factors
    - Family relationships
    - Significant life events
    - Cultural and systemic influences
    - Education and employment history
    - Housing and financial circumstances
    - Community connections and support networks
- Spiritual factors
    - Spirituality, faith or religious beliefs
    - Personal values
    - Sources of meaning, purpose, and connection
    - Cultural or spiritual practices that influence wellbeing

Also include:

- Previous counselling, therapeutic, or support experiences
- How these experiences were perceived by the client
- Outcomes or impacts of previous support.

Formulation

Use the 5Ps model to develop a holistic understanding of the client's experience and presenting concerns.

- Presenting problem - the person's own experience of the current difficulties, such as frequency, duration, and intensity of the experience and what has led them to seek support, including emotional, behavioural, cognitive, and relational impacts, and effects on daily functioning, and their own understanding of their situation.
- Predisposing factors - earlier life experiences and contextual influences that may have shaped vulnerability over time, including developmental history, attachment experiences, family environment, trauma, health factors, and broader social or cultural conditions.

- Precipitating factors - recent events, changes, or stressors that appear to have triggered or intensified current difficulties, understood within the person's broader life and relational context.
- Perpetuating factors - current patterns, relationships, and coping strategies that may unintentionally maintain the difficulty, including learned responses to distress, interpersonal cycles, or environmental constraints.
- Protective factors - internal strengths and external supports that help the person cope, maintain resilience, or move toward change, including relationships, insight, motivation, coping strategies, and access to resources.

Counselling goals

Briefly outline the goals developed collaboratively with the client, including:

- Short-term goals;
- longer-term goals (if applicable);
- How these goals reflect the client's hopes, values, strengths, and desired changes.

Goals should be realistic, meaningful, and appropriate to the available counselling timeframe.

Discussion of the counselling model and therapeutic focus

Drawing on the assessment and formulation, discuss the therapeutic framework that guided your work with the client, including the relevant evidence-informed theories and models that informed your understanding of their needs and shaped the counselling process.

Include:

- Identify the counselling modality (or approach) used. If you integrated two approaches, explain your rationale for integrating them and how they complement each other. Ensure that any approach used aligns with your training and the expectations of your placement provider.
- Explain why the approach was considered appropriate for this client and their goals.
- Discuss how the approach supported stabilisation and safety, exploration, emotional processing, self-understanding, resilience, strengths, or change.
- Describe the therapeutic focus, ensuring it is realistic given:
    - the presenting concerns;
    - the number of sessions available;
    - your level of training and scope of practice.

Support your rationale with relevant literature where appropriate.

Intervention delivery

Provide a brief overview of how the therapeutic relationship and counselling process evolved across sessions, highlighting the key interventions and therapeutic responses used to support the client's goals and presenting concerns. Critically reflect on and evaluate the therapeutic approach, demonstrating how the interventions were informed by the client's unique experiences, needs, and strengths as identified in the assessment and formulation sections. The discussion should clearly link practice decisions to relevant person-centred and evidence-informed theories.

Include:

- A summary of the counselling approach
- Examples of 2–3 key counselling skills or interventions used
- The rationale for selecting these skills or interventions
- How they supported the client's process
- The client's responses, engagement, and feedback (verbal and/or behavioural)
- Evaluation of what appeared helpful and what may have limited progress
- Links between your interventions, formulation, goals, and counselling approach
- Any relevant risk management or safety planning undertaken.

Avoid introducing new client concerns that have not been discussed elsewhere in the report.

Reflection

Reflect on both the client's journey and your own learning throughout the counselling process, and support your rationale with relevant literature where appropriate.

Consider including:

- How the therapeutic process and outcomes were reviewed and evaluated over time;
- Any changes noticed in the client's understanding of themselves or their presenting problem;
- Attitudes you developed, skills you used well, and areas where you noticed opportunities for growth or further development;
- The role supervision played in supporting your formulation skills and practice, critical reflection, and ethical decision-making;
- How this experience may shape and inform your future practice;
- What you might choose to do differently in future counselling relationships;
- What you learned about yourself-in-the-world in the process of developing as a therapist.

Focus on critical reflection rather than simply describing what occurred, demonstrating insight into both therapeutic process and your professional development.

RESOURCES

1. Gilboa-Schechtman, E. (2024). Case conceptualization in clinical practice and training. *Clinical Psychology in Europe*, *6*(Special Issue), e12103. https://doi.org/10.32872/cpe.12103
2. Schirmer, J. (2025, March 11). *Applied case formulation*. The Practice of Counselling and Psychotherapy. https://uq.pressbooks.pub/practice-counselling-psychotherapy/chapter/applied-case-formulation/
3. Selzer, R., & Ellen, S. (2014). Formulation for beginners. *Australasian Psychiatry*, *22*(4), 397–401. https://doi.org/10.1177/1039856214536240
4. Taylor, D. (2020). Reflective Practice in the Art and Science of Counselling: A scoping review. *Psychotherapy and Counselling Journal of Australia*, *8*(1). https://doi.org/10.59158/001c.71255
5. Van Denend, J., Ford, K., Berg, P., Edens, E. L., & Cooke, J. (2022). The body, the mind, and the spirit: including the spiritual domain in mental health care. *Journal of Religion and Health*, *61*(5), 3571–3588. https://doi.org/10.1007/s10943-022-01609-2

IS ARTIFICIAL INTELLIGENCE USE APPROVED FOR THIS ASSESSMENT?

☐ Yes

☒ No

APPROVED FORMS OF COLLABORATION FOR THIS ASSESSMENT

☒ Discussing the assessment and your ideas with others

☐ Having supervisor review your work

☐ Sharing research on the assessment topic

☐ Working on the assessment in groups formed by the unit coordinator

☐ Working on the assessment in groups formed by yourself and other students

☐ Other:

Note: Any form of collaboration not explicitly approved above is considered collusion for the purposes of this assessment and may constitute a breach of academic integrity.

SUBMISSION

All assessments for the Placement Unit are submitted via the online form in Sonia .

COUNSELLING PLACEMENT UNIT
CASE REPORT MARKING RUBRIC

DOMAIN	SATISFACTORY	UNSATISFACTORY
1. Referral details and counselling service context	• Referral pathway is clearly described. • Client is appropriately de-identified and respectfully presented. • Relevant demographic information is included. • Duration, frequency, and context of counselling involvement are clearly stated. • Information establishes an appropriate foundation for understanding the case.	• Referral information is absent, unclear, or incomplete. • Client is not adequately de-identified. • Important contextual details are omitted. • Information provided does not adequately and/or respectfully situate the client within the counselling setting.
2. Client presentation	• Provides a coherent and professional description of the client's presentation. • Relevant MSE observations are accurately integrated. • Demonstrates understanding of client functioning without pathologising or diagnosing. • Risk and safety considerations are appropriately explored and documented.	• Description of client's presentation is superficial, inaccurate, or incomplete. • Relevant MSE observations are absent or poorly described. • Risk assessment is absent, inadequate, or demonstrates limited understanding of safety considerations. • Presentation lacks professional clinical reasoning.

	• Risk assessment processes are clearly described and proportionate to the client's presentation.	
3. Relevant background history	• Assessment information is comprehensive, relevant, and organised. • Demonstrates a holistic understanding using a BPSS framework. • Includes relevant developmental, relational, cultural, social, psychological, biological, and spiritual factors. • Previous support experiences are discussed and integrated appropriately. • Information contributes meaningfully to understanding the client's experience.	• Assessment information is fragmented, incomplete, or lacks relevance. • Significant BPSS domains are omitted. • Background information is largely descriptive without contributing to understanding the client. • Previous support experiences are absent or poorly integrated.
4. Formulation	• Presents a coherent and theoretically informed 5Ps formulation. • Demonstrates integration of assessment information into a meaningful understanding of the client's difficulties. • Identifies relevant contributing, maintaining, and protective factors.	• Formulation is descriptive rather than analytical. • 5Ps are incomplete, inaccurate, or poorly integrated. • Links between assessment information and formulation are unclear. • Limited evidence of clinical reasoning.

	• Formulation reflects complexity while remaining focused and clinically useful. • Demonstrates sound clinical reasoning.	
5. Counselling goals	• Goals are collaboratively developed, with the process clearly described and the resulting goals articulated in a specific and meaningful manner. • Includes both short- and longer-term goals if relevant. • Goals align with assessment, formulation, client values, strengths, and presenting concerns. • Goals are realistic and appropriate to the counselling timeframe.	• Goals are unclear, unrealistic, absent, or therapist-driven. • Limited connection between goals and client presentation. • Goals do not reflect collaborative practice.
6. Discussion of counselling model and therapeutic focus	• Counselling approach is clearly identified and accurately described. • Provides a strong rationale for modality selection. • Demonstrates integration of theory, assessment findings, formulation, and client goals. • Therapeutic focus is realistic, ethical, and appropriate to scope of practice. • Literature is effectively used to support decision-making.	• Counselling approach is poorly explained or unsupported. • Limited rationale for intervention choices. • Weak connection between theory, formulation, and therapeutic focus. • Minimal or inappropriate use of supporting literature.

7. Intervention delivery	• Clearly describes the development of the therapeutic process across sessions. • Demonstrates purposeful use of counselling interventions and skills. • Provides clear rationale for intervention selection. • Critically evaluates intervention effectiveness using client responses and outcomes. • Demonstrates integration of interventions with formulation, goals and counselling model. • Evidence of responsive and client-centred practice. • Appropriate discussion of risk management and safety planning where relevant.	• Interventions are poorly described or inadequately justified. • Limited evidence of therapeutic reasoning. • Discussion is largely descriptive with little evaluation. • Weak links between interventions, formulation, goals, and outcomes. • Client responses are absent or insufficiently considered. • Risk management and safety planning are absent, incomplete, or lack sufficient justification.
8. Reflection and professional development	• Demonstrates critical reflection on the counselling process and therapeutic relationship. • Shows insight into strengths, limitations, and learning needs. • Reflects meaningfully on supervision and professional growth. • Demonstrates awareness of ethical, relational, and professional issues. • Identifies implications for future practice.	• Reflection is largely descriptive or superficial. • Limited insight into professional development. • Minimal discussion of supervision or learning. • Little consideration of future practice implications.

	• Reflection extends beyond description to critical self-examination.	
9. Structure and organisation	• Report follows required structure and headings. • Information is logically organised and coherent. • Word limit is met (2000-2500, excluding the title page and reference list) • Report is professionally presented (including the title page) and easy to follow.	• Structure is unclear or inconsistent. • Required sections are missing. • Excessively under or over word limit. • Organisation impedes readability.
10. Writing quality	• Writing is clear, concise, and professional. • Appropriate academic style is maintained throughout. • Language is respectful, client-centred, and free from jargon. • Grammar, spelling, and punctuation are of a professional standard.	• Writing lacks clarity or professionalism. • Frequent grammatical or spelling errors. • Inappropriate language or excessive jargon. • Academic writing conventions are not demonstrated.
11. Use of literature and referencing	• Minimum of eight relevant academic sources included. • Literature is integrated meaningfully into analysis and discussion. • APA 7th edition referencing is consistently applied.	• Insufficient use of literature. • Sources are poorly integrated or not relevant. • Significant APA referencing errors. • Literature does not adequately support claims or analysis. • Lack of, or heavily incomplete, reference list.

	• Evidence supports clinical reasoning and intervention choices. • Reference list present and complete.	
12. Overall comment/feedback		