

**School of Healthcare**

FACULTY OF MEDICINE AND HEALTH



**UNIVERSITY OF LEEDS**

**Study Skills:**

# **Video Recorded Assignments and Case Studies**

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# Introduction

This *Study Skills: Video Recorded Assignments and Case Studies* booklet is issued to all practice-based Leeds Addiction Unit students at the University of Leeds School of Healthcare and is intended to complement the *Study Skills Guide & Assignment Information* booklet.

Information about the requirements, and protocols for the presentation of your written work and video recordings, can be found under the *Submitting assignments* heading in the Leeds Addiction Unit *Student Handbook*.

# Contents

<b>Video Recorded Assignments</b>	5
The session	5
The client	5
The therapist	5
Recording your session	6
Counselling qualities and skills	6
Reviewing your recording	8
Written Analysis Report	9
<b>Case Studies</b>	10
Overview	10
Structure	10
Style	10
Checklist for layout and possible headings	10



# Video Recorded Assignments

There are strict requirements governing the submission of video recorded assignments. Please consult the *Video Assignment Submission Protocol* in the *LAU Student Handbook* and ensure you comply with these requirements.

The purpose of video assessments is:

- to assess the extent to which appropriate counselling/intervention skills, strategies, techniques and methods are being used on a specific occasion,
- to assess the appropriateness of the intervention,
- to assess the extent to which you are a safe practitioner.

Remember that the recording should be illustrating your input to the session, how you obtained the necessary information and demonstrate how you generally treated the client. Do think about keeping a copy of your video in case you wish to review your practice when you receive assignment feedback.

## The session

The entire session must be recorded. Ensure that there is an introduction, a core of intervention and a termination to the session, all in the time allotted. It should last no longer than 30 minutes. Any interaction recorded beyond the 30 minute cut-off will generally not be assessed. Under exceptional circumstances some leeway may be allowed. Lack of organisation and direction by the therapist does not constitute exceptional circumstances. Any material assessed after the 30 minutes may also be subject to a deduction in marks. No material will be assessed after 45 minutes.

## The client

The client and any other participants must not be in view at any point during the session. The session must show counselling of a real client with an addictive behaviour problem and not role play. It is essential that a real client is used for the assignment. Your video must be accompanied by the *Confirmation of Client Participation in Video Assessment Form* signed by your *Practice Mentor*. This confirms that they know the session happened and a real client has been counselled.

## The therapist

It is not considered good practice to smoke, eat, consume any beverages or use profanities during the video. Smoking does not transmit the good health promotion message that is expected from students. See *Counselling qualities and skills* below.

Failure to comply with these instructions may result in a fail mark and some aspects may constitute cheating, which is dealt with severely by the University. Confidentiality must be maintained at all times and failure to do so will lead to the video receiving a fail mark.

## Recording your session



The framing of the therapist should be more than just head and shoulders. The shot should be from the waist to just above the head. The therapist and the setting will occupy roughly equal areas in the frame and there should be space for the therapist's hand gestures to be seen.

If at all possible we recommend surveying the location in advance of the session being recorded. Familiarise yourself with your recording equipment and its operation — particularly important if you are recording in the home of a client/service-user.

In most instances a camcorder's built-in microphone will be good enough to capture the interaction between you and your client/service-user. You are advised to test your set-up beforehand, perhaps by simulating a session with a friend or colleague.

*Don't forget that the video you submit (or bring for review in tutorials/seminars) must be of a genuine session with a genuine client/service-user!*

## Counselling qualities and skills

The qualities of a good counsellor include warmth, supportive and caring attitude and a non-judgemental approach. Skills which, when used appropriately, are regarded as positive include the following (although they will not necessarily all be used in one session):

### **Positive skills include:**

respect

interest

empathy

genuineness (consistent)

competence in giving advice

authoritativeness in knowledge

positive regard

optimism

appropriate tone of voice

appropriate pacing

appropriate balance of tentativeness and confidence

use of continuation sounds/statements (minimal prompts)

use of language appropriate to the client

use of reflection – selective reinforcement

use of reflection – interpretation

use of summarising

use of paraphrasing

appropriate use of concreteness

appropriate use of open questions

immediacy

awareness of the reality of client's life circumstances

appropriate use of challenge

ability to assist client to clarify

ability to gain appropriate information

ability to assist client to focus

ability to hold discussion to an appropriate balance between internal and external factors

ability to make links

ability to help client to identify aims

ability to help client set goals

ability to impart appropriate information/knowledge and to explain their meaning

ability to open and end the session appropriately

ability to encourage confidence

**Negative interventions include those which are:**

judgemental

moralising

reveal prejudice

constitute inappropriate self disclosure or advice giving

interrupting inappropriately

changing the subject unhelpfully

using language inappropriate for the client

ignoring clients feelings

interventions which reveal lack of empathy, congruence or respect

## **Reviewing your recording**

You may wish to consider converting/transferring your video recording onto your preferred submission format (VHS standard play or DVD-Video — see *LAU Student Handbook* for further details) and then refer to this copy when writing up your Analysis Report. Watching on a player/computer other than the one used for the conversion/transfer will give you the opportunity to confirm that your tape/disc is likely to play on *any* player. Once again refer to the *LAU Student Handbook* for further advice.

# Written Analysis Report

The Analysis Report accompanying your video submission should be presented in accordance with the *Written Assignment Submission Protocol* (see *LAU Student Handbook*).

Watch your video recording as much as you need to in writing up your Analysis Report. The report should be more analytical than descriptive (we can see what you have done from the recording). You need to demonstrate the sense you made of the information or responses gained, the conclusion you reached about the severity of the problems, the intervention you offered and any further intervention plans you have made.

There must be an introduction with sufficient background information for the context of the session to be intelligible which must also include what is not apparent on the recording such as evidence of nervous fidgeting, if the client is in a wheelchair, etc. The introduction need be no more than one hundred words.

The introduction should then be followed by a comprehensive written analysis of the content of the assignment. You should be willing to address the positive and less positive aspects of your practice evident in the recording. If you feel you could have dealt with an aspect in a more constructive manner the alternative style or approach should be mentioned in the analysis report. The word limit for the Analysis Report will be given in the *Module Handbook* for the specific assignment. Any references to support your practice should be recorded in line with the guidelines for referencing for written assignments.

The following aspects must then be addressed as separate sections.

- i. Describe the aim of the session including how the structure of the session was planned.
- ii. A discussion of the key moments of what you said and did and how you demonstrated that you were pursuing the plan.
- iii. A discussion of the extent to which you achieved what you set out to achieve

In each section you need to give an adequate flavour of the skills you were using, without resorting to analysing every single sentence. Simply identify these skills and comment on why you thought they were appropriate. Throughout the report you should refer to relevant theory and research

# Case Studies

Case Studies should be presented in accordance with the *Written Assignment Submission Protocol* (see *LAU Student Handbook*).

## Overview

Assignments which take the form of case studies should include analysis and discussion of therapeutic work that you have done with an individual client, a couple, a family, or a group while you have been on the course. You may have commenced the work before you came on the course or you may not yet have finished it. The importance of at least some part of the work being contemporary is that the assessment is based on what you have learned on the course, not how much you knew before you started on it.

## Structure

The introduction should give a brief overview of the contents of the study, why you chose this particular case or topic and what you hope to demonstrate. In the body of the work you should discuss your assessment of the case and background to the intervention, giving at each point references to the research and theory that you have used to guide you in your assessment and in the choice of instruments you may have used to assist in the formulation of the clients' problems. You should then go on to describe your intervention strategies, again citing the references you used to guide you in the delivery of the intervention. You should then describe the outcome and outcome measures or criteria you have used. Once again you need to cite the theory and research you have used to inform your assessment of the outcome. The intervention you discuss may be a one-off intervention and it could be with a "third party" rather than with a focal person.

## Style

The style of writing should be a conventional formal style avoiding chatty anecdotes and irrelevant detail. Writing in the third person is a useful discipline to assist people in resisting the temptation to talk about themselves and to focus instead on the client.

## Checklist for layout and possible headings

1. Introduction
2. Description of case: biographic and demographic details, substance use present and history, physical and psychiatric history, treatment history. This is

to be done in professional language and under headings. A description of assessment tools and their scores should be included.

3. Treatment or care plans
4. Description of intervention
5. Evaluation of intervention using reliable and valid methods
6. Critical self appraisal which includes conclusions for future practice
7. Remember the purpose of the module and address the subject you are required to address

## NOTES

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