The Royal Australian & New Zealand College of Psychiatrists

Your Health in Mind

Structured and brief psychotherapies – case summary form

To be submitted by trainees/Fellows completing the Certificate of Advanced Training in the Psychotherapies.

Please submit this form when complete to the College training team. **Email**: training@ranzcp.org; **fax**: +61 3 9642 5652; **post**: RANZCP, Training, 309 La Trobe Street, Melbourne VIC 3000, Australia.

Trainee name		RANZCP ID	

Trainees/Fellows are required to complete at least **14 case formulations**.

A de-identified case formulation that outlines: antecedents, maintaining factors and target problem(s) is required before commencing treatment and should be submitted at the conclusion of treatment, together with a brief review of the progress of therapy and any learning points.

The cases should include:

- at least six patients with anxiety disorders, one case of each main anxiety disorder diagnosis to be treated
- at least five patients with affective disorder
- at least three other patients – may include a variety of primary diagnosis where CBT may be used to target a well-defined problem.

- Outcome measures must be used at least pre- and post-treatment for all patients.
- At least two sessions are to be recorded (audio or video) and presented in supervision.
- If at least three patients from the above case requirements are complete and submitted, then the Stage 3 Fellowship psychotherapy requirement is considered met.

For the detailed requirements, please refer to the structured and brief psychotherapies section of the Certificate of Advanced Training in the Psychotherapies web page.

CASE DETAILS

Gender		Age	
Category		Case completion date	
Diagnosis		Audio/video	

Vignette

Supervisor name		RANZCP ID	
Supervisor signature		Date	

CASE DETAILS

Gender		Age	
Category		Case completion date	
Diagnosis		Audio/video	

Vignette

Supervisor name		RANZCP ID	
Supervisor signature		Date	

CASE DETAILS

Gender		Age	
Category		Case completion date	
Diagnosis		Audio/video	

Vignette

Supervisor name		RANZCP ID	
Supervisor signature		Date	
Trainee signature		Date	
DOAT signature		Date	RANZCP ID