Advance Release | Panic Disorder & Agoraphobia: Tom

RELEASE IN ADVANCE WITH THE CASE STUDY • Preparation Outline & Grading Rubric (NOT THE COMPLETE EXAMINATION)

The final examination is an individual, in-class application of cognitive-behavioral assessment, case formulation, and treatment planning. You have received Tom's case study and this preparation outline and grading rubric before the examination. At the examination, you will receive five completed assessment forms, the Part A scoring/interpretation worksheet, and the full examination questions. The provided Craske and Barlow (2014)

Preparation Outline

Part A | Assessment scoring and interpretation (15 points)

Be prepared to score and interpret the PHQ-9, GAD-7, PDSS-SR, Agoraphobia Scale, and WHO-5. For each, calculate totals and briefly interpret the result. Be ready to synthesize findings across measures and discuss how the assessments can inform ongoing CBT assessment and monitoring. Remember, scores alone cannot establish a diagnosis.

Part B | Presenting problems and diagnosis (10 points)

Identify key presenting concerns, functional impairment, precipitating events, maintaining factors, background experiences, strengths, treatment motivation, and diagnostic considerations. A lengthy restatement of the case history will not be expected.

Part C | CBT case formulation (35 points)

Cross-sectional CBT view

Longitudinal CBT view

Nomothetic formulation

*Use Craske & Barlow (2014) reading

Individualized working hypothesis

Part D | CBT treatment plan (35 points)

Develop prioritized, measurable goals and explain specific evidence-supported CBT interventions, their rationale, and their application to Tom. Consider the sequencing of treatment, behavioral practice, safety behaviors, family support, and progress monitoring. High recommended: https://www.amazon.com/Mastery-Your-Anxiety-Panic-Treatments/dp/0197584098/ref?th=1

Example response outline (format only):

Goal 1: Objective and measurable outcome.
- Intervention 1: Name the intervention; explain specifically how it would be implemented with Tom.
- Intervention 2: Name and explain another case-specific intervention.

Goal 2: Objective and measurable outcome.
- Intervention 1: ...
- Intervention 2: ...

Continue as appropriate.

Part E | Clinical judgment (5 points)

Consider potential obstacles to engagement or progress and collaborative CBT responses. Also be prepared to recognize Tom's strengths and explain how specific strengths can be used therapeutically.

Grading Rubric

Area	Points
A. Five scores/interpretations, synthesis and future use	15
B. Presenting problems and diagnoses (including GAD/MDD differential)	10
C. CBT case formulation (5 / 5 / 10 / 15)	35
D. CBT treatment plan	35
E. Obstacles/responses and treatment strengths	5

Assessment Instruments and Expected Scoring Knowledge

Measure	Preparation focus
PHQ-9	Nine items scored 0–3; total symptom score and interpretation.
GAD-7	Seven items scored 0–3; total anxiety symptom score and interpretation.
PDSS-SR	Seven items scored 0–4; total panic-related severity and functional impact.
Agoraphobia Scale	Separate anxiety (0–4 per item) and avoidance (0–2 per item) ratings; use both totals and situation-specific patterns.
WHO-5	Five positively phrased items scored 0–5; raw total and 0–100 index (raw total × 4).

Consider: The in-class examination will require application, not an exhaustive case history summary. Strong responses connect CBT concepts to specific evidence from Tom's case and distinguish observations from hypotheses. Priorities include panic-related fear, situational avoidance, independent functioning, and relevant secondary concerns. The cross-sectional and longitudinal views are concise; the general CBT model and individualized working hypothesis require more integration. It is important to have objective and measurable goals. Your interventions should be identified and described specific to Tom's case.