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Disguising Case Material for Publication

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The APA Publications office regularly receives about one request per month for "guidelines" on disguising clinical case material for publication. These requests come from authors as well as from editors of other journals asking APA to provide some suggestions on how to most appropriately disguise published clinical case material without altering critical elements of the case itself. Thus far, we have been unable to give them any guidelines because we have not found any information on typical practices in disguising clinical case material in the psychology database. The unavailability of this vital element in APA publishing guidelines has prompted the APA Publications and Communication Board and the APA Chief Editorial Advisor to consider the inclusion of a brief guideline statement on disguising clinical case material for publication in the next revision of the APA Publication Manual.

APA Survey of Disguising Practices in Clinical Case Studies

In support of this plan, we conducted a brief survey to get a sense of "typical practice" around disguising clinical case material. In August 2000, we examined all published issues of 6 APA journals from 1996 through 2000 and selected the names of all senior authors whose articles in these journals included an individual case description. The APA journals examined were Professional Psychology: Research and Practice, Psychotherapy, Counseling Psychology, Psychology of Addictive Behavior, Psychoanalytic Psychology, and Family Psychology. We found a total of 153 senior

authors. On September 1, 000, we mailed out a cover letter and accompanying one-page questionnaire to all 153 senior authors. The survey questionnaire included a list of 24 variables that are typically included in each clinical case history. We asked these authors which of these 24 variables they had ever changed, and they were also asked which ones they felt should never be changed. In addition, respondents were also asked to list other case features, if any, which they changed in writing case material for publication. Within three weeks we received 67 completed questionnaires, a response rate of 44%.

Survey Results

The first question asked, in an open-ended way, was "How does the respondent disguise the facts of the case in order to protect the subject's privacy?" Three main strategies emerged: (1) altering specific characteristics, (2) limiting the descriptions of specific characteristics, and (3) obfuscating case detail by adding extraneous material. The most frequently used approach was to alter specific details, with changing demographic characteristics being by far the most frequent factor mentioned (although altering family background and identifying features came in almost tied for a close second). When a "limiting" description approach was used, the most frequently mentioned methods were deleting truly unique information that would identify the individual and severely limiting the number of case related variables described; these approaches were far less frequent than altering specific characteristics. In terms of the obfuscation approach, the primary strategy was to create a composite illustrative case that was in fact based on several cases.

We provided respondents with a list of 24 case variables, which could be altered in order to disguise the individual's identity. In addition, respondents were asked to give additional elements, if any, that were changed in order to disguise the case. We also

asked respondents which of the 24 variables should never be changed in the "disguising" process. These data are presented in Table 1. Overall, respondents reported an average of 6.12 variables ever changed across one or more case study descriptions. Respondents also checked an average of 1.67 variables that should never be altered in clinical case descriptions (but it should be noted that 64% of respondents said that none of the items should ever be altered). The most frequently changed aspects of clinical cases were the individual's occupation (77.6%) and employment status (59.7%). These were followed by age (58.2%), location in the country (55.2%), number of children (43.3%), sex of the patient (35.8%), information on the patient's parents (35.8%), ethnicity (34.3%), education (28.4%), religion (25.4%), and marital status (23.9%). The only two variables where respondents gave somewhat frequent "never alter" comments were for sex of subject (13.4%) and ethnicity (8.9%). Actual clinical material such as precipitating events, clinical background, presenting problem, reported thoughts, feelings, and behaviors were rarely altered and were the most frequently identified variables which should never be altered.

In a separate question, we asked the respondents to estimate the number of features typically altered in the process of disguising a clinical case. Of the 37 respondents who provided a specific number, the average number of variables that respondents reported they changed was 3.69.

We asked whether or not the respondent provided the individual being described with a copy of the clinical case description prior to publication and obtained the individual's written permission to publish it. Forty-five respondents (67.2%) answered "No." Fifteen respondents said, "Yes;" 7 respondents gave such responses as "Sometimes," "Obtained permission (mostly verbal) only, but did not show the client the material," or gave no answer.

We asked whether, at the beginning of treatment, respondents informed their patients that they sometimes wrote clinical case descriptions for publication and described procedures that might be later used to secure their permission to publish the case material. Only five respondents (7.5%) reported routinely doing this at the beginning of treatment.

We also asked whether or not after writing a clinical case description, they had either the patient or a colleague read the description and decide whether the patient's identity could be guessed. Twenty-eight respondents (41.8%) said "No." Thirty-five respondents (52.2%) reported that they went through the process of checking on how effective they were in disguising the clinical case material. Four respondents fell under the "Sometimes" and "No answer" categories.

Conclusion

On average respondents reported that they changed an average of 3.69 elements about a specific clinical case in the process of preparing a clinical case description for publication. Overall, out of 24 possible clinical case variables considered, respondents reported 6.12 variables that they had changed in a case study at some point in their publication careers. A majority of respondents reported having changed four variables in one or more case study reports; these were occupation, employment, age, and geographic location in the country. In addition, between 25% and 49% of respondents reported having altered seven additional background variables. These variables were, in descending order, number of children, sex, own parent information, ethnicity, education, religion, and marital status. Core clinical information was rarely reported as being changed, and this material was high on the list of variables that respondents said should never be altered.

Table 1. Elements of case descriptions that respondents have altered or believe should never be altered

Case elements	Have altered		Should never alter	
	No.	Percent	No.	Percent
Occupation	52	77.6	0	0.0
Employment setting	40	59.7	0	0.0
Age	39	58.2	3	4.5
Geographical location	37	55.2	1	1.5
No. of children	29	43.3	2	3.0
Sex	24	35.8	9	13.4
Parental information	24	35.8	4	6.0
Ethnicity	23	34.3	6	9.0
Education	19	28.4	2	3.0
Religion	17	25.4	2	3.0
Marital status	16	23.9	3	4.5
Precipitating events	11	16.4	5	7.5
Clinical background	10	14.9	6	9.0
Presenting problem	9	13.4	9	13.4
Secondary symptoms	9	13.4	5	7.5
Others' involvement	9	13.4	4	6.0
Reported behavior	8	11.9	8	11.9
Others' statements	8	11.9	3	4.5
Others' behavior	7	10.4	3	4.5
Reported thoughts	5	7.5	10	14.9
Reported feelings	4	6.0	10	14.9
Psychological test data	4	6.0	9	13.4
Drug or alcohol use	3	4.5	4	6.0
Criminal behavior	3	4.5	4	6.0
Total cases	67		67	