TITLE

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Reviewed Paper

Published DD.MM.YYYY

DOI: XX.YYYYY/XXXXXXXX.YYY

Abstract

A single paragraph of about 200 words maximum. For case study articles, abstracts should give a pertinent overview of the work. We strongly encourage authors to use the following style of structured abstracts, but without headings: (1) Introduction: This consists of one or two sentences to describe the context of the case and summarize the entire article. (2) Case presentation: Several sentences describe the history and results of any examinations performed. The working diagnosis and management of the case are described. (3) Management and Outcome: Simply describe the course of the client’s complaint. Where possible, make reference to any outcome measures which you used to objectively demonstrate how the client’s condition evolved through the course of management. (4) Discussion: Synthesize the foregoing subsections and explain both correlations and apparent inconsistencies. If appropriate to the case, within one or two sentences describe the lessons to be learned. It is much easier to write once we have finished the rest of the article.

**Keywords:** keyword 1, keyword 2, keyword 3 (List 3 to 10 pertinent keywords specific to the article yet reasonably common within the subject discipline.)

INTRODUCTION

At the beginning of these guidelines we suggested that we need to have a clear idea of what is particularly interesting about the case we want to describe. The introduction should briefly place the study in a broad context and highlight **why it is important**. It should define **the purpose of the work and its significance**. The **current state of the research field** should be carefully reviewed and key publications cited. Please highlight controversial and diverging hypotheses when necessary. Finally, briefly mention the **main aim of the work** and highlight the principal conclusions. As far as possible, please keep the introduction comprehensible to scientists outside your particular field of research. References should be numbered in order of appearance and indicated by a numeral or numerals in square brackets—e.g., [1] or [2,3], or [4–6]. See the end of the document for further details on references.

Subsection x

Use how many subsections you need. There isn’t a page limitation but try try to fit in the range of 4-10 pages. Keep in mind your readers. Text must be clear, holding a thematic line, leading to a conclusion based on facts, not impressions.

All the text must be in one column and Calibri font, including figures and tables, with single-spaced 10-point interline spacing.

CASE PRESENTATION

The method section should utilize subheadings to divide up different subsections. These subsections typically include Background information, Description of the presenting problem, Intervention/Treatment/Teaching Plan, and procedure.

Background information

The first section of your paper will present your client's background. Include factors such as age, gender, work, health status, family mental health history, family and social relationships, drug and alcohol history, life difficulties, goals, and coping skills and weaknesses.

Description of the presenting problem

In the next section of your case study, you will describe the problem or symptoms that the client presented with. Describe any physical, emotional, or sensory symptoms reported by the client. Thoughts, feelings, and perceptions related to the symptoms should also be noted. Any screening or diagnostic assessments that are used should also be described in detail and all scores reported. Your pedagogical diagnosis.

Working with Plan: This portion of the paper will address the chosen method. This might also include the theoretical basis for the chosen treatment or any other evidence that might exist to support why this approach was chosen.This section of a case study should also include information about the treatment goals, process, and outcomes.

**Management and Outcome**

In this section, we should clearly describe the plan for care, as well as the care which was actually provided, and the outcome. It is useful for the reader to know how long the client was under care and how many times they were treated/teached. Additionally, we should be as specific as possible in describing the method that we used. We may want to include the client’s own reports of improvement or worsening. However, whenever possible we should try to use a well-validated method of measuring their improvement.

DISCUSSION

Generally the length of the ‘Discussion‘ section should not exceed the sum of other sections (ıntroduction, material and methods, and results), and it should be completed within 6–7 paragraphs. Each paragraph should not contain more than 200 words, and hence words should be counted repeteadly.

In this section we may want to identify any questions that the case raises. It is not our duty to provide a complete theoretical explanation for everything that we observed. This is usually impossible. Nor should we feel obligated to list or generate all of the possible hypotheses that might explain the course of the client’s condition.

**The last paragraph**

In the last paragraph of the Discussion section “strong points” of the study should be mentioned using “constrained”, and “not too strongly assertive” statements. Indicating limitations of the study will reflect objectivity of the authors, and provide answers to the questions which will be directed by the reviewers of the journal. On the other hand in the last paragraph, future directions or potential clinical applications may be emphasized. Finally, we summarize the lessons learned from this case.

Conclusion and implications

In conclusion, summarize only the most important and provide ideas for the future and for practice (research practice or practice in the field).

Acknowledgement

If someone provided assistance with the preparation of the case study, we thank them briefly. It is neither necessary nor conventional to thank the client (although we appreciate what they have taught us). It would generally be regarded as excessive and inappropriate to thank others, such as teachers or colleagues who did not directly participate in preparation of the paper. Don't forget to thank sponsors, donors, funds, and indicate the grant numbers.

References

1. All References [Style List of References & Character Style Italic]
2. American Psychological Association. (2010). Publication Manual of the American Psychological Association (6th ed.). Washington, DC: American Psychological Association.
3. Einstein, A. (1916). General Theory of Relativity. *Annalen der Physik, 49*(7), pp. 769-822.
4. Kroufek, R., Janovec, J. & Chytrý, V. (2016). Online Journal of Primary and Preschool Education [Online]. Retrieved February 17, 2016, from http://ojppe.eu.

Tab. 1 The Major Used Styles

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| --- | --- | --- | --- | --- |
| **Paper Text** | **Style Name** | **Font Name, Font Style (Colour)** | **Character Size/ Line Spacing Before/After** | **Alignment** |
| Paper Title | **Title** | Calibri Light, Bold | 24/0/10 | left |
| Paragraph | Paragraph | Calibri, Normal | 10/0/10 | justified |
| Abstract | *Abstract text* | Calibri, Italic | 10/0/10 | justified |
| Section | Section | Calibri, Bold (#BC005C) | 14/0/6 | left |
| Subsection | Subsection | Calibri, Bold (#BC005C) | 12/0/6 | left |
| Figures & Tables | ***Fig*** | Calibri, Bold Italic | 10/0/10 | centered |
| References | [1] List of References | Calibri, Normal | 10/0/10 | justified |