Aromatherapy practitioners often develop quick case studies when working with clients, and sometimes the outcome provides an opportunity for sharing with the wider community. The following formatting guidelines will help advanced practitioners and other aromatherapists who are considering the submission of case studies for publication.

Why Perform Case Studies?

Case studies are a valuable tool for improving practitioner skills. They are performed by student or qualified aromatherapists with the intent to explore, rationalize, enhance, and educate. Case studies may solve a problem or satisfy our own inherent curiosity. They can also further the knowledge and scope of the community in which we operate. Case studies build on existing anecdotal and written information to prove and reinforce or disprove the theories that this information postulates.

There are many reasons to write case studies, such as to increase one’s own knowledge of a specific topic, to earn CPD (continuing professional development) credits, or to satisfy coursework requirements. Finally, a case study may be written with the intent to be published.

Case studies can provide the first step in the process of escalating findings to a large cohort or group to further verify the initial findings. If case studies are completed using a standardized format and language, they are easier to compare, contrast, and collate.

AIA Case Study Guidelines

The AIA has set forth guidelines to help members approach the case study process, as well as to standardize the format and content of case studies completed by students during their coursework in AIA-recognized schools. These guidelines provide a framework for the information required to assess the effectiveness of the therapeutic intervention. They also provide a standard format for anyone wishing to share their study through any publishing platform or with a larger group of aromatherapists, integrative or CAM specialists, or allopathic medical colleagues.

Planning Your Case Study Report

When planning a case study report, consider the following format. This need not be regarded as a rigid structure; rather, it is intended to help the aromatherapist plan and report, ensure consistency and readability, and act as a checklist ensuring that all essential information has been included.

Recommended Layout for a Case Study (Descriptions Below):

1. Title of Case Study
2. Author(s), Credentials, Addresses, and Affiliations
3. Introduction
4. Description of Case
5. Method or Protocol
6. Client Response
7. Reflection
8. Evaluation
9. References
10. Acknowledgments (Optional)

Recommended Case Study Layout - Detailed Description:

1. Title of Case Study

2. Author(s), Credentials, Addresses, and Affiliations

3. Introduction
   What compels you to share this case study? What need are you addressing?

4. Description of Case
   - Assure client confidentiality and establish good rapport.
   - If you plan to publish the case, notify client and obtain written consent including terms and conditions. Case reports are highly individual and may be republished in the general media or on the Internet. The client’s family and friends may see the report and recognize the client.
   - Include specific information about the client:
     - client’s age
     - client’s primary concern or presenting condition
     - relevant health history including allergies, current herbal or dietary supplements, and homeopathic preparations
     - prescription and over-the-counter pharmaceuticals, as essential oils may interact
     - previous experiences with Integrative Health/CAM (complementary and alternative medicine)
     - purpose for aromatherapy intervention
     - client’s expectations from intervention

5. Method or Protocol
   - State aims and objectives with clear thought and understanding.
   - Essential oils, carrier oils, CO2 extracts, herbs, and hydrolats require both botanical and common name when first mentioned. Be specific and keep a consistent format when referring to each.
   - Provide rationale as to selection and formulation.
● Maintain consistent and replicable measurements throughout: for example, express formulations and dosages by dilution percentage, weight, and/or volume.
● Provide each formulation in a concise list or table to ensure readability and accuracy.
● Document the method of application as well as any specific application style/techniques.
● Indicate who administered the formulation and at what location (for example, practitioner at facility or client at home).
● Document duration and frequency of applications or therapeutic interventions.
● Monitor external factors: changes in medication, emotional status during the therapeutic intervention, changes to diet, or any other possible influences on outcome.
● Provide clear criteria of how the outcome is measured; e.g., MYMOP, Wong Baker FACES®, Likert scale, mapping, interviews, or visually through photographs. Some scales require acceptance of usage guidelines which may include licensure.

6. **Client Response**
   ● Document immediate responses during interventions, responses at or between subsequent sessions, and/or responses with client’s use at home. Indicate time interval between sessions where applicable.
   ● Photographs are acceptable; please obtain client consent for publishing. Images should be 72 dpi and 200 x 200 px, not to exceed 300 x 300 px.

7. **Reflection**
   ● How did external factors impact the client's response to treatment?
   ● How did client compliance play a role in the outcome?
   ● What might you do differently?
   ● Reflect on how the outcome of your case study has changed your understanding. Consider how this new understanding can be extrapolated to new ideas, concepts, or ways of approaching your work and/or the topic you explored.
   ● Consider client’s initial goals and compare to actual outcome.
   ● Consider David Kolb’s Experiential Learning Theory as a model for reflection. (Sources: [https://www.simplypsychology.org/learning-kolb.html](https://www.simplypsychology.org/learning-kolb.html) and [http://www.businessballs.com/kolblearningstyles.htm](http://www.businessballs.com/kolblearningstyles.htm))

8. **Evaluation**
   ● State the outcome from the client’s perspective as well as what can be learned from the outcome and why it had an impact on you.
   ● How are external factors monitored that could affect outcome – client compliance, medications, diet, etc.?  
   ● What new questions does your case study raise?
   ● Be careful about drawing the “conclusion” that there is a link between the aromatherapy intervention and the effect in a single case; it could just be coincidence.
● Case studies are anecdotal. To what extent can your findings be regarded as reliable?
● Do you feel your study is worth replicating or expanding?
● What is the relevance of your case study, or a particular aspect of it, to future practice or research?

9. References
● When providing formulation rationale, cite the application method, style, or technique applied and the source that influenced your selection.
● Acknowledge all statements, opinions, and conclusions taken from another writer’s work, whether directly quoted, paraphrased, or summarized.
● Include acknowledgments for photographs, tables, figures, or charts obtained from other sources. Please obtain written permission from their original publisher.
● The report should use a consistent and standardized method of referencing (see below for resources) to ensure that citations within the case study are listed correctly.

10. Acknowledgments (Optional)
● Thank any individuals who assisted in the preparation of the case study, such as a mentor, teacher, colleague, or editor who provided direct guidance.

Additional Information:
Maintain good writing style:
● Use clear and concise writing to engage your reader.
● Design your case study to be interesting to the aromatherapy community.
● Use the above suggested guidelines to provide a clear layout of your case study.
● Demonstrate clear thought and reasoning.
● Avoid industry jargon, abbreviations, or colloquialisms.
● Obtain editorial feedback from a qualified source.
● Use language that aligns with your scope of practice, level of training, and licensure. Words like treatment or dose should be reserved for practitioners with specific qualifications.

If you want to publish your case study:
● Honor the submission criteria for your target publication including word count, document style, and reference style.
● Read published articles in peer-reviewed journals to familiarize yourself with context and content.
● Your method/protocol should be clearly described and reproducible from your description.
● A publication’s peer review process frequently requires further editing and adjustment of your case study. Don’t be disheartened; this is a normal part of the process.

Helpful Resources:
Formatting/References:
● MLA citation style: http://www.calvin.edu/library/knightcite/index.php
● Purdue Writing Lab (formatting and style guides): https://owl.english.purdue.edu/owl/

Outcome measurement tools:
● Wong Baker FACES® scale: http://wongbakerfaces.org/ and terms of use: http://wongbakerfaces.org/resources/usage-guidelines/
● MYMOP scale: http://www.makingcasescount.org/mymop
● Likert scale: https://www.surveymonkey.co.uk/mp/likert-scale/