Checklist of Applied Knowledge in Clinical Psychology Standards of Practice: Summary Page

Report Reviewed:

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Constructs Applied:	Rating
Family Systems Pathology:	Yes – Partial- Deficit
Attachment Pathology:	Yes – Partial- Deficit
Trauma Pathology:	Yes – Partial- Deficit
Personality Pathology:	Yes – Partial- Deficit
Neuro-developmental	Yes – Partial- Deficit
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Diagnostic Foundations:	
DSM-5 Diagnosis:	Yes – Partial- Deficit
Case Formulation Diagnosis:	Yes – Partial- Deficit
Treatment Plan:	
Articulated Treatment Plan:	Yes – Partial- Deficit
Linked to DSM-5 Diagnosis:	Yes – Partial- Deficit
Linked to Case Formulation	Yes – Partial- Deficit
Long-Term Goals	Yes – Partial- Deficit
Short-Term Goals:	Yes – Partial- Deficit
Interventions	Yes – Partial- Deficit
Timeframes	Yes – Partial- Deficit

Applied Domains of Knowledge

1.	1	onstructs in Analysis	3		4
	No use	Inadequate	Adequate		Full
	No family systems constructs used in analysis	Some but inadequate or inaccurate use of family systems constructs	use of f	nt not complete amily systems onstructs	A full analysis using family systems constructs is provided
	Constructs Used	<u>[</u>	Yes	No	
	Triangulation	n			
	Cross-Generational Coalition Emotional Cutoff				
	Differentiation	on of Self			
	Multigenerat	tional Transmission			
	Inverted Hierarchy				
2.	Attachment Cons	tructs in Analysis			
	1	2	3		4
	No use	Inadequate	Adequate		Full
	No attachment related constructs used in analysis	Some but inadequate or inaccurate use of attachment constructs	use of	nt not complete f attachment onstructs	A full analysis using attachment constructs is provided
	Constructs Used		Yes	No	
	Description of	of Attachment			
	Insecure Attachment Patterns Emotional Dysregulation Breach-and-Repair Sequence				
	Role-Reversa	al			
3.	Personality Patho	ology Constructs in An	alysis		
	1			3	4 I
	No use	Inadequate	Adequate		Full
	No personality pathology constructs used in analysis	Some but inadequate or inaccurate use of personality constructs	e or Some but not complete use of personality		A full analysis using personality pathology constructs is provided
	Constructs Used		Yes	No	
	Splitting				
	Absence of Empathy Emotional Dysregulation				
	False "Abuse	" Allegations			
	Power, Conti	rol, & Domination			

4. Trauma Construc	ts in Analysis				
1	1 2 3		4 I		
No use	Inadequate	Adequate		Full	
No trauma constructs used in analysis	Some but inadequate or inaccurate use of trauma constructs	Some but not complete use of trauma constructs		A full analysis using trauma constructs is provided	
Constructs Used		Yes	No		
Persecutory	Persecutory Delusion Trauma Reenactment Pattern PTSD Identified or Implied PTSD Criterion 1 Identified				
Trauma Reer					
PTSD Identif					
PTSD Criterio					
Phobic Anxie	Phobic Anxiety Identified				
5. Neuro-Developmo	ental				
1	2	3		4 	
No use	Inadequate	Ad	equate	Full	
No neuro-developmental constructs used in analysis	Some but inadequate or inaccurate use of neuro-developmental constructs	Moderate use of neuro- developmental constructs		A full analysis using neuro-developmental constructs is provided	
Constructs Used		Yes	No		
Intersubjecti	Intersubjectivity				
Co-Construct	Co-Construction				
Use-Depende	Use-Dependent Development				
Breach-and-l	Breach-and-Repair Sequence				
Age-Gender l	Neuro-Maturation				
Self Psychology					
1	2	3		4	
No use	Inadequate	Ad	equate	Full	
No neuro-developmental constructs used in analysis	Some but inadequate or inaccurate use of neuro-developmental constructs	Moderate use of neuro- developmental constructs		A full analysis using neuro-developmenta constructs is provide	
Constructs Used		Yes	No		
Empathic fail	lure				
Regulatory s	elf-object				
Narcissistic i	njury				
Self-structur	Self-structure				
Optimal frus	Optimal frustration				

Checklist of Applied Knowledge

Standards of Professional Practice: Diagnosis 1. DSM-5 Diagnosis Provided: ☐ Yes □ No ☐ Partial Category of DSM-5 Diagnosis ☐ Trauma pathology □ Disruptive/conduct pathology □ Anxiety pathology □ Depressive/bipolar pathology □ Eating disorder pathology □ Personality disorder pathology □ Neurodevelopmental □ Child abuse pathology □ Spousal-partner abuse pathology □ Other DSM-5 category 2. DSM-5 Symptoms Reported: ☐ Trauma pathology ☐ Oppositional/conduct pathology ☐ Anxiety pathology ☐ Depressive/bipolar pathology ☐ Eating disorder pathology ☐ Personality disorder pathology □ Neurodevelopmental ☐ Child abuse pathology ☐ Spousal-partner abuse pathology (using child as the weapon) □ Other DSM-5 category 3. Case Formulation Diagnosis ☐ Fully Articulated: A case formulation is clearly presented with a clearly identifiable theoretical orientation articulated. ☐ Partially Articulated: A fractured case formulation is presented or clear theoretical foundations are not evident. ☐ No Formulation: No organized case formulation is presented beyond symptom identification. 4. Case Formulation Orientation □ Cognitive-behavioral ☐ Family systems ☐ Humanistic-existential ☐ Psychoanalytic (attachment-neurodevelopment) ☐ Social Constructionism (cultural, gender, narrative, solution-focused) ☐ Religious-spiritual

☐ Motivational (recovery)

Other organized framework:No coherent orientation evident

Checklist of Applied Knowledge

Standards of Professional Practice: Treatment Plan

1.	. Articulated Treatment Plan								
		Fully Elaborated: A fully elaborated treatment plan is described that includes short-term, medium-term, and long-range goals that are responsive to the presenting problem and case formulation. The treatment plan identifies the specific steps and interventions used to achieve the treatment goals, with specified time-frame benchmarks for achievement of the treatment goal and its reevaluation. Anchored data procedures are identified for collection of treatment progress measures and treatment outcome assessments.							
		Partially Described: A treatment plan is partially described with many features of a full treatment plan (goals-interventions-outcome) or that is only partially linked to the presenting problem, DSM-5 diagnosis, and case formulation.							
		Marginal Description: The treatment plan is vague and lacks major components of a standard treatment plan, such as missing short and long-term goals, specific interventions to be used, time-frame benchmarks, and measurable outcomes.							
		No Treatment Plan: No coherent or organized	treatment	plan is describ	ed.				
2.	<u>Treat</u>	ment Plan Components	Yes	Partial	No				
	Links	: Linkage to presenting problems							
		Linkage to DSM-5 diagnosis							
		Linkage to case conceptualization							
	Goals	: Long-term goals identified							
		Consistent short-term goals identified							
:	Specific	: Specific interventions described for each goal							
Me	easures	: Measurable outcomes described							
	Time	Time-frame for achieving long-term goal Time-frame for achieving short-term goal							
3.	Treat	ment Plan Orientation							
		Cognitive-behavioral							
		Family systems							
		Humanistic-existential							
		Psychoanalytic (attachment-neurodevelopment)							
		☐ Social Constructionism (cultural, gender, narrative, solution-focused)							
	☐ Religious-spiritual								
		Motivational (recovery)							
		Other organized framework							
		No coherent orientation evident							