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

Report Reviewed:

Coi	nstructs 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
	Self Psychology		Yes – Partial- Deficit

Dia	agnostic Foundations:			
	DSM-5 Diagnosis:		Yes – Partial- Deficit	
	Case Formulation Diagnosis:		Yes – Partial- Deficit	

Tre	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		Yes	No		
	Triangulation	n				
	Cross-Genera	ational Coalition				
	Emotional Co	utoff				
	Differentiation	on of Self				
	Multigenerat	tional Transmission				
	Inverted Hierarchy					
2.	Attachment Cons					
	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	Some but not complete use of attachment constructs		A full analysis using attachment constructs is provided	
	Constructs Used		Yes	No		
	Description of Attachment					
	Insecure Attachment Patterns					
	Emotional Dysregulation					
	Breach-and-					
	Role-Reversal					
3.	Personality Pathology Constructs in Analysis					
	1 2		3		4 I	
	No use	Inadequate	Adequate		Full	
	No personality pathology constructs used in analysis	Some but inadequate or inaccurate use of personality constructs	Some but not complete use of personality pathology constructs		A full analysis using personality pathology constructs is provided	
	Constructs Used		Yes	No		
	Splitting					
	Absence of Empathy					
	Emotional D	Emotional Dysregulation				
	False "Abuse" Allegations					
	Power, Control, & Domination					

4. Trauma Construc	ts in Analysis				
1	2		3	4	
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	Delusion				
Trauma Reer	nactment Pattern				
PTSD Identif	PTSD Identified or Implied				
PTSD Criterio	PTSD Criterion 1 Identified				
Phobic Anxie	ety 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	Constructs Used		No		
Intersubjecti	Intersubjectivity				
Co-Construct	Co-Construction				
Use-Depende	Use-Dependent Development				
Breach-and-l	Repair Sequence				
Age-Gender l	Age-Gender Neuro-Maturation				
Self Psychology					
1	1 2		3	4	
No use	Inadequate	Ad	equate	Full	
No neuro-developmental constructs used in analysis	constructs used in inaccurate use of neuro-		use of neuro- lopmental nstructs	A full analysis using neuro-developmental constructs is provided	
Constructs Used		Yes	No		
Empathic fail	Empathic failure				
Regulatory s	Regulatory self-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.	Artici	liated 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.					
		a standard treatment plan, such as missing shor	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					