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

#### Report Reviewed:

Coı	Constructs Used:				
	Family Systems Pathology:	evident – partial - not used	evident or deficit		
	Attachment Pathology:	Pathology: evident – partial - not used			
	Trauma Pathology:	evident – partial - not used	evident or deficit		
	Personality Pathology:	evident – partial - not used	evident or deficit		
	Neuro-developmental	evident – partial - not used	evident or deficit		

D	iagnostic F	gnostic Foundations:					
	DSM-5	Diagnosis:	evident – incomplete - none	evident or deficit			
	Case Fo	rmulation Diagnosis:	evident – partial - none	evident or deficit			

Treatment Plan:						
	Articulated Treatment Plan:	evident – partial – no plan	evident or deficit			
	Linked to DSM-5 Diagnosis:	evident – partial – no linkage	evident or deficit			
	Linked to Case Formulation	evident – partial – no linkage	evident or deficit			
	Long-Term Goals	clear – vague - none	evident or deficit			
	Short-Term Goals:	clear – vague - none	evident or deficit			
	Interventions	clear – vague - none	evident or deficit			
	Time-Frames	clear – vague - none	evident or deficit			

## **Applied Domains of Knowledge**

1.	Family Systems Constructs in Analysis						
	1 2		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	at not complete amily systems onstructs	A full analysis using family systems constructs is provided		
	Constructs Used	<u>[</u>	Yes	No			
	Triangulation	n					
	Cross-Genera	ational Coalition					
	Emotional Co	utoff					
	Differentiation	on of Self					
	Multigenerat	tional Transmission					
	Inverted Hie	rarchy					
2.	Attachment Constructs in Analysis						
	1	2 	3 		4		
	No use	Inadequate	Adequate		Full		
	No attachment Some but inadequate or related constructs inaccurate use of attachment constructs		Some but not complete use of attachment constructs		A full analysis using attachment constructs is provided		
	Constructs Used	Constructs Used					
	Description of	of Attachment					
	Insecure Atta	achment Patterns					
	Emotional D	ysregulation					
	Breach-and-	Repair Sequence					
	Role-Reversa						
3.	Personality Pathology Constructs in Analysis						
	1 2		3		4		
	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		П				
		Absence of Empathy					
		ysregulation					
	•	" Allegations					
	Power, Contr						

4. Trauma Constru	cts 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 Ree	nactment Pattern				
PTSD Identi	PTSD Identified or ImpliedPTSD Criterion 1 Identified				
PTSD Criter					
Phobic Anxi	ety Identified				
5. Neuro-Developm	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	devel	use of neuro- opmental astructs	A full analysis using neuro-developmental constructs is provided	
Constructs Used		Yes	No		
Intersubjectivity					
Co-Construc					
Use-Depend					
Breach-and	Repair Sequence				
Age-Gender	Neuro-Maturation				

## Standards of Professional Practice: Diagnosis

1.	DSM-	5 Diagnosis Provided:	☐ Yes	□No
	Cate	gory 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	ogy ogy	
2.	DSM-	5 Symptoms Reported: Trauma pathology Disruptive/conduct patholo	ogy	
		Anxiety pathology		
		Depressive/bipolar patholo	gy	
		Eating disorder pathology		
		Personality disorder pathol	ogy	
		Neurodevelopmental		
		Child abuse pathology		
		Spousal-partner abuse path	ology	
		Other DSM-5 category		
3.	Case I	Formulation Diagnosis		
		Fully Articulated: A case for theoretical orientation artic		clearly presented with a clearly identifiable
		Partially Articulated: A frac foundations are not evident		ormulation is presented or clear theoretical
		No Formulation: No organi	zed case for	nulation is presented beyond symptom identification.
4.	Case I	Formulation Orientation		
		Cognitive-behavioral		
		Family systems		
		Humanistic-existential		
		Psychoanalytic (attachment		
		•	tural, gendei	r, narrative, solution-focused)
		Religious-spiritual		
		Motivational (recovery)	·.	
		Other organized framework	dont	
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#### Checklist of Applied Knowledge

#### Standards of Professional Practice: Treatment Plan

1.	Articulated Treatment Plan							
		<b>Fully Elaborated:</b> 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.						
		full treatment plan (goals-interventions-outcom	<b>Partially Described:</b> 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	<b>Marginal Description:</b> 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	oed.			
2.	<u>Treat</u>	ment Plan Components						
	Links:	Linkage to presenting problems Linkage to DSM-5 diagnosis Linkage to case conceptualization	Yes	Partial	No			
	Goals	: Long-term goals identified Consistent short-term goals identified						
	Specific:	Specific interventions described for each goal						
Measures: Measurable outcomes described		: Measurable outcomes described						
	Time:	Time-frame for achieving long-term goal Time-frame for achieving short-term goal						
3. Treatment Plan Orientation		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							