



# Submission checklist for intervention case report

Profession: **Psychology**

To be completed by the principal supervisor and the provisional psychologist. Please attach this submission checklist to the *Case report submission form - CSSF-76*.

## Provisional psychologist's details

Name

Registration number

Criteria	Confirm included
<b>A. BACKGROUND</b>	
<b>Reason for referral</b>	
<ul style="list-style-type: none"> <li>States reasons for the referral, referral source and context of referral.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>States the number of sessions and dates of client contact.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Presenting problem</b>	
<ul style="list-style-type: none"> <li>Identifies and describes presenting problems and symptoms (mood, affect, cognition, behaviour) or organisational issues in sufficient detail to support the development of a formulation and diagnosis.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Relevant history</b>	
<ul style="list-style-type: none"> <li>Includes relevant demographic details.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>Identifies relevant background information (client or organisation history).</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>B. ASSESSMENT</b>	
<b>Preliminary assessment of symptoms and risk</b>	
<ul style="list-style-type: none"> <li>Includes information regarding client's current symptoms or issues at presentation.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>Risk factors are discussed or assessed and report states how any identified risks are managed (if indicated).</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Observations at interview</b>	
<ul style="list-style-type: none"> <li>Describes client's presentation at interview, behavioural observations, demeanour, current mental state.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Assessment findings</b>	
<ul style="list-style-type: none"> <li>Describes assessment methods and any appropriate tests that have been selected for assessment.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>Provides a brief rationale for assessment method and tests.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>Assessment methods and tests have been used and interpreted appropriately.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>Includes a summary of results and correctly integrates this information within the context of the overall assessment.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>C. ANALYSIS AND DIAGNOSIS</b>	
<b>Formulation</b>	
<ul style="list-style-type: none"> <li>Identifies the predisposing vulnerabilities, precipitating (triggers), perpetuating (maintaining) and protective factors.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<ul style="list-style-type: none"> <li>Develops a case formulation that integrates factors that account for the client's presenting problem or target behaviour.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Discussion of evidence based theories</b>	
<ul style="list-style-type: none"> <li>Discusses relevant evidence-based theories and models, including how these inform diagnosis, formulation and intervention delivery.</li> </ul>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Diagnosis**

- Provides formal diagnosis using standard diagnostic/classification systems relevant to the area of practice (organisational diagnosis must be based on psychological tools and processes). Yes  No
- Includes discussion about whether symptoms meet all diagnostic criteria using examples from the client's presentation (or organisational diagnosis must be justified); if a diagnostic classification system is used, the intern must demonstrate their ability to establish whether each of the diagnostic criteria for each of these have been met; if a diagnostic classification system is not employed, the intern must indicate which system or framework is being used and justify how the diagnosis has been derived. Yes  No
- Explores differential diagnoses providing reasons for inclusion or exclusion. Yes  No

**D. PLAN AND IMPLEMENTATION****Intervention plan**

- Provides a brief outline of a proposed intervention plan showing clear and specific treatment goals; specific intervention strategies that will be used for achieving these goals/targets and plans for managing risk factors if these are indicated. Yes  No
- Ensures that plans are clearly linked with the diagnosis and formulation and relevant evidence based theories are discussed. Yes  No
- Ensures that the proposed plan is realistic given the experience of the provisional psychologist, the complexity of the issues and the number of sessions available for treatment. Yes  No

**Implementation of intervention**

- Demonstrates that the delivery of the intervention is consistent with the plan. Yes  No
- Provides a succinct summary of the intervention process that demonstrates intervention skills in implementing the plan. Yes  No
- Provides specific examples of how the intervention was applied to demonstrate the provisional psychologist's skill. Yes  No

**E. EVALUATION AND REFLECTION****Evaluation of intervention outcome**

- Describes methods used to evaluate the effectiveness of the intervention. Yes  No
- Evaluates the outcome or effectiveness of the intervention and any specific changes in presenting symptoms, or organisation performance. Yes  No

**Personal reflection on case report**

- Includes a brief discussion of the strengths and weaknesses of the intervention. Yes  No
- Provides a personal reflection on the case, including lessons learnt and how practice might be modified in light of the experience. Yes  No
- Provides a reflection on the likely prognosis of the client and the need for any follow-up sessions and/or referral to another health professional or service. Yes  No

**F. REFERENCE LIST**

- Reference list provided in APA format, including references to tests used. Yes  No