



TREATMENT CONSULTATION EVALUATION

Student and consultant should review this evaluation at the start of the Treatment Consultation.

Student's Name: _____

Consultant's Name: _____

Date of Report: _____

Clinical Consultation (check the box that applies to the clinical consultation from which this case is derived):

Treatment Consultation 1 (RX1)	<input type="checkbox"/>	Treatment Consultation 2 (RX2)	<input type="checkbox"/>	Treatment Consultation 3 (RX3)	<input type="checkbox"/>
Treatment Consultation 4 (RX4)	<input type="checkbox"/>	Treatment Consultation 5 (RX5)	<input type="checkbox"/>		

Client Information (if applicable):

Initials	Age	Gender	Presenting problem(s) OR treatment focus	Date case began	Date consultation began	Frequency
1)						
2)*						
3)*						

*To be used if more than one case under treatment consultation during the semester. Add additional on reverse side.

Dates of consultation meetings since last report:

(One year consultation is 22 meetings; Two year consultation is 44 meetings; This evaluation is due each year by September 30)

GRADE

- a. PASS
- b. FAIL*

*If FAIL, contact the Practicum Chair.

Final score _____

Signature of Student: _____

Signature of Consultant: _____

Please circle the most appropriate score for each item, relative to the student's progression in the practicum. Narrative comment may be added.

NOTE: Ratings of "3" represent a student who is performing as would be expected and is on target. Ratings of "4" or above should be reserved for a student who is doing better than expectable or is excelling in the practicum process, while ratings below "3" indicate a need for concern.

QUALITY OF PSYCHODYNAMIC THINKING

1) *How does this student use psychodynamic concepts in order to understand clients' motivation for treatment, emotional difficulties, and the beginning assessment and treatment process? (Psychodynamic concepts to include latent and manifest content related to motivation for treatment, evidence of transference and countertransference dynamic, resistance to transference awareness, and the nature of the presenting problems)*

1	2	3	4	5
Has concrete understanding; no hypotheses about deeper meanings of the patient's report	Reactive to patient's report and presentation without language to explore it	Beginning to relate psychodynamic concepts to clinical material and presentation	Able to listen for and ask questions about deeper meanings related to the patient's history, report and presentation	Able to articulate identifications, defenses, functions of symptoms, relational capacities and patterns, and pathogenic beliefs

Comments/Examples:

2) *How does this student's understanding of clinical formulation and clinical process evolve over the course of work with individual patients or groups?*

1	2	3	4	5
Stagnant, fixed picture of patient over time	Linear view of clinical process (e.g. symptom relief only)	Able to amend and revise their view of the patient and process over time	Able to consider resistance, regression, and impasse to deepen understanding	Able to use resistance, regression, and impasse to deepen understanding and further clinical process

Comments/Examples:

3) *How does this student resolve difficulties in the clinical process?*

1	2	3	4	5
Avoidant and evasive in discussing clinical dilemmas	Simplistic explanations of clinical dilemmas; fails to consider transference and countertransference constellations	Initiates and open to discussion of clinical dilemmas; especially transference and countertransference meanings	Initiates and open to discussion of clinical dilemmas; curious about transference and countertransference meanings	Curious, open and able to consider intersubjective qualities of transference and countertransference meanings

Comments/Examples:

4) *How does this student identify and understand transference data?(Variations may include transference as developmental longings and needs, as the patient's selective attention and perception of the therapist and the setting, or as repetitions and dramatizations of primary object relationships)*

1	2	3	4	5
No discussion about potential transference meanings; avoidant of transference discussion	Has a superficial understanding of some form of transference	Is open and responsive to discussion of potential transference meanings in consultation	Able to bring ideas about potential transference meanings into consultation	Able to listen for and respond to potential meanings of transference with the patient

Comments/Examples:

5) *How does this student identify his/her subjective responses? (including awareness of one's own affect, fantasy, nonverbal and somatic reactions and self-states in relation to a particular patient)*

1	2	3	4	5
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Not able to identify or engage in discussion about subjective responses	Has difficulty naming subjective responses	Can identify subjective responses when asked (e.g. includes them in process notes)	Able to engage in open and curious consideration of subjective responses to patient with consultant	Brings ideas about subjective responses as data for formulation and discussion with consultant
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Comments/Examples:

USE OF CONSULTATION

6) *How has this consultative process and learning alliance evolved?*

1	2	3	4	5
Repeatedly cancels, fails, or comes unprepared or attends without focus	Keeps appointments and relies on consultant to focus and generate discussion	Keeps appointments and has prepared clinical material	Keeps appointments, has prepared clinical material, and comes with questions and observations	Demonstrates ongoing engagement in the consultation process and generates thoughtful, focused discussion

Comments/Examples:

7) *How does this student make use of the learning alliance with the consultant?*

1	2	3	4	5
Student and consultant fail to develop language to discuss cases	Responds in a superficial manner to consultant's questions and input with no evidence of integration	Responds to consultant's questions and input and explores the issues raised	Openly and thoughtfully generates their own observations and curiosities	Engages in ongoing and deepening integration of the case formulation process

Comments/Examples:

8) *How does this student demonstrate increasing development and use of self-awareness?*

1	2	3	4	5
Unable to be self-reflective	Needs help and explanations to become self-reflective in consultation	Able to be self-reflective in meetings with consultant	Is often self-reflective and open to consideration of parallel processes	Is consistently self-reflective and curious about awareness of parallel processes

Comments/Examples:

QUALITY OF WRITTEN REPORTS

9) Reports convey a clear picture of the student's clinical work and thinking, as well as the course of treatment.

1	2	3	4	5
Reads like a Case Study; no additional process information	Provides a simplistic picture of treatment process in which reader comes to know one aspect of the patient and student's interactions	Provides a picture in which the reader comes to know the patient uniquely and the student's process of understanding	Provides a comprehensive picture in a non-defensive, complex way in which the reader comes to know the patient uniquely, the process, and the student's thinking	Provides a comprehensive picture in a non-defensive, complex way in which the reader comes to know the patient uniquely, the process, the student's thinking and reflects the consultative process

Comments/Examples:

10) Do this student's written materials meet the Institute's writing and style standards for Treatment Consultation Summaries?

1	2	3	4	5
Conceptually unclear or confused; improper grammar and syntax	Conceptually vague; inconsistently correct grammar and syntax	Conceptually lucid; mostly consistently correct grammar and syntax; needs editing	Concise, coherent and conceptually clear; strong grammar and syntax	Eloquent expression and consistently correct grammar and syntax

Comments/Examples:

Overall Score: _____

Score Interpretation:

Treatment Consultation 1

Below 25 = significant practicum concerns exist and should be reported to the Practicum Chair

25 – 35 = meeting expectations, on target, progressing as expected

Above 35 = exceptional, beyond expectations

Treatment Consultation 2

Below 30 = significant practicum concerns exist and should be reported to the Practicum Chair

30 – 38 = meeting expectations, on target, progressing as expected

Above 38 = exceptional, beyond expectations

Treatment Consultation 3 and 4 (and 5 if applicable)

Below 33 = significant practicum concerns exist and should be reported to the Practicum Chair

33 – 40 = meeting expectations, on target, progressing as expected

Above 40 = exceptional, beyond expectations

Recommendation: Consultant and student each fill an evaluation out to be discussed and stapled together when turned in to the Registrar.