

CASE STUDY EVALUATION FORM

Review this evaluation at the start of the Case Studies. In addition do a mid-consultation discussion about the evaluation ratings.

Student's Name: _____

Consultant's Name: _____

Date of Report: _____

Case Study Set (check the box that applies to the current set of cases being evaluated):

First Set (CS 122)		Second Set (CS 231)		Third Set (CS 242)	
Fourth Set (CS 351)		Fifth Set (CS 362)		Sixth Set (CS 372)*	

*Applies to those students who matriculated in 2006 or after

Client Information:

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

*Applies to students who matriculated prior to 2006

Meeting dates (expectation is every other week)

Date of mid-consultation discussion _____

GRADE

Case studies are complete –

- a. PASS
- b. FAIL *

Signature of Student: _____

Signature of Consultant: _____

If FAIL, contact the Practicum Chair.

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

NOTE: Ratings of "3" represent a student who is performing as would be expected and is on target. Rating of "4" or above should be reserved for a student 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 beginning transference and countertransference dynamics and the nature of the presenting problems)*

1	2	3	4	5
Has no understanding or 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 consolidate complex data in their formulation? (Domains to include why the client is coming now in light of emotional difficulties, family, cultural, and social contexts, relational patterns and capacities, and character organization)*

1	2	3	4	5
Assigns only non-reflective, concrete diagnostic categories (e.g. "Client has depression")	Privileges single elements or explanations of the above domains (e.g. "Client was adopted and so she has disorganized attachment")	Considers the domains above and their complexity	Increasingly curious about the domains above and their relationships to each other	Articulates a deep contextual understanding of the above domains

Comments/Examples:

3) *How does the student engage patients in a beginning psychodynamic process that includes setting a frame: fee, frequency, and scope or focuses of treatment?*

1	2	3	4	5
No discussion of frame takes place	Frame is too rigid or loose without consideration of patient's needs and context	Able to consider and discuss elements of frame in consultation	Elements of frame are discussed with reference to patient's needs and context	Able to identify and communicate about elements of frame and their meaning with this particular patient in the establishment of the frame

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
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)	Can relate subjective responses to patient; Able to engage in open and curious consideration of responses	Can formulate subjective responses as artifact of treatment process

Comments/Examples:

QUALITY AND USE OF CONSULTATION

6) *How does this student take responsibility for engaging in consultation?*

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 CASE STUDIES

9) *Do this student's written materials meet the requirements for writing and style standards for Case Studies (clear and coherent writing)?*

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:

10) How do the written case studies convey a picture of the patient in light of the following domains?
(developmental history, cultural and familial contexts, relational patterns, cognitive/physical difficulties, fantasies and beliefs, mood, defensive patterns, range of affect, sources of self-esteem, primary identifications, strengths and current functioning)

1	2	3	4	5
Oversimplified and conveys a disorganized picture of the patient	Conveys a limited and uneven picture of the patient	Conveys a fuller picture of the patient in which most domains are included	Conveys a full picture of the patient in which most domains are somewhat related	Conveys a complex and integrated picture of the patient in which all domains are related

Comments/Examples:

11) How do the written case studies clarify and distinguish the voice of the patient, the therapist, and the consultant or consultative process.

1	2	3	4	5
No clarity of voice; limited to a list of facts; no understanding of source of information	Some clarity of what the patient thinks and feels and what the student thinks and feels	Clarity of what the patient thinks and feels, what the student thinks and feels and how the student came to understand	Precise and vivid language creates clarity of the what the patient thinks and feels, what the student thinks and feels	Precise and vivid language creates clarity of the what the patient thinks and feels, what the student thinks and feels, and reflects the consultative process

Comments/Examples:

ADDITIONAL COMMENTS AND OVERALL SCORE

Note any problems in learning that need to be addressed in future consultations or through other means.

Comments:

Overall Score: _____

Score Interpretation:

Case Studies # 1 - 3

Below 31 = significant practicum concerns exist and should be reported to the Practicum Chair

31 – 43 = meeting expectations, on target, progressing as expected

Above 43 = exceptional, beyond expectations

Case Studies # 4 – 6

Below 35 = significant practicum concerns exist and should be reported to the Practicum Chair

36 – 45 = meeting expectations, on target, progressing as expected

Over 45 = exceptional, beyond expectations

Requirement: Consultant must sign off on student's write-ups and turn them in with this evaluation

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