Placement Case Report Guide – Post Registration

Case Report Requirements

Students must complete ***one*** **clinical case report** ***per*** **placement unit** as part of their end of placement portfolio. That is, students must complete one case report in Placement A and one in Placement B. At the end of your two placements, students will have completed:

- One 3000-word Assessment Case Report, and
- One 3000-word Treatment Case Report

Across two placements, students must complete **one** assessment report based on cognitive/neurodevelopmental testing ***or*** personality assessment, and **one** treatment case report based on psychological treatment work undertaken with a client of any age.

Structure of Case Reports

Assessment Case Reports

Students complete either a cognitive/neurodevelopmental assessment or a personality assessment (not both). Reports **must** be hypothesis-driven, evidence-based, and include the following sections:

- **Reason(s) for referral** – *What are the clinical issues being explored? What is the client's vs referrer's perspective on cause and impact?*
- **Background Information** – *What is the clinical & psychosocial history?*
- **Mental State Examination (MSE), including risk assessment** – *Using the correct terminology, and provide a full MSE. See MSR/Formulation Guide for more information*
- **Testing protocol –** *What are the clinical hypotheses to be tested, and how are these linked to the specific standardized assessment that you selected*?
- **Results of testing** – *Summarise the results of your testing (scores, descriptors, CI) and include qualitative observations of performance. Structure your findings according to the domain of functioning, being assessed where possible (e.g., memory and learning, language, non -verbal, executive functioning, attention and speed of processing, intellectual function, social-communication, behavior).*
- **Diagnostic / clinical impression** – *What DSM-5-TR syndromes have you considered and why? What is your diagnostic impression and why?*

- **Recommendations** - *What are your evidence-based recommendations linked to assessment findings?*
- **Reflection -** *What are your thoughts, feelings and insights into the clinical process, reactions, clinical decision making, cultural competence, supervision, ethics and outcome, professional development. How may have your thoughts and feelings influenced your understanding of the client? If this client were an Aboriginal or Torres Strait Islander person, what additional factors would you need to consider regarding assessment, formulation, and recommendations?*

Test Selection Guidance

Cognitive/Neurodevelopmental Assessments should make use of high-quality**, clinician-administered,** standardised measures of one or more core domains of functioning *(e.g., memory and learning, language, non -verbal, executive functioning, attention and speed of processing, intellectual function, social-communication, behavior)*

- Acceptable examples include **WAIS, WISC, WIAT, WMS, ADOS, Vineland Adaptive Behaviour Scales (interview version), and DKEFS**.
- This list is not exhaustive; if students wish to use another tool, they must first check with the Unit Coordinator.
- Self-report measures completed by the client are usually not acceptable.

Personality assessments should use recognised, clinically relevant measures such as the **PAI, MCMI, PID-5, or NEO-PI**.

Treatment Case Reports

Treatment case reports must be theory-driven, evidence-based, and demonstrate the use of the scientist-practitioner model. They must include the following sections:

- **Reason(s) for referral** – *What are the clinical issues being explored? What is the client's vs referrer's perspective on cause and impact?*
- **Background Information** – *What is the clinical & psychosocial history?*
- **Mental State Examination (MSE), including risk assessment** – *Using the correct terminology, and provide a full MSE. See MSR/Formulation Guide for more information*
- **Assessment –** *What assessment and progress measures have been used and why? What did they show?*
- **Diagnostic /Clinical Impression** – *What DSM-5-TR syndromes have your considered and why? What is your diagnostic impression and why?*

- **Theoretical and Evidence-based options -** *What are the different theoretical approaches available for treating the presentations you are considering? What is the evidence for each of the approaches' effectiveness and their strengths and weaknesses. What is your rationale for the approach you chose?*
- **Formulation –** *What is your overall formulation and how does it link to the theoretical approach you described (incorporate the terminology, psychological structures, and key processes of the theory being used [e.g. CBT, ACT, DBT etc.], as well as any other factors that you are able to demonstrate as being relevant)?.The relationships between the different features of your formulation should be clearly described. Text, figures, or a combination of the two are acceptable. You can find further information and guidance on completing formulations in the MSE & Formulation Student Guide).*
- **Treatment plan** – *what is your individually tailored plan as it links the client's presentation and your formulation? What did you and the client choose to work on and how will you both know when these have been achieved, with reference to assessment/progress measures as appropriate?*
- **Course of treatment and assessment of progress** - *What were the evidence-based psychological techniques you used to address the different features of your formulation? Ensure that these observe the same theoretical framework as the one described in your formulation. What is the progress made by the client with reference to changes in the outcome measures noted in the assessment section?*
- **Reflection -** *What are your thoughts, feelings and insights into the clinical process, reactions, clinical decision making, cultural competence, supervision, ethics and outcome, professional development. How may have your thoughts and feelings influenced your understanding of the client? If this client were an Aboriginal or Torres Strait Islander person, what additional factors would you need to consider regarding assessment, formulation, and treatment?*

Evaluation Rubrics

A rubric is included below to assist you in evaluating your work. Supervisors are responsible for reviewing student case reports using rubrics. They do not provide a mark but instead assess competence levels across criteria. If any component is rated Below Standard or Novice, the supervisor will return the report for revision and resubmission. Supervisors may provide additional feedback on the quality of the MSE and formulation sections, referring to the MSE & Formulation Staff Guide for detail.

Two rubrics are provided:

- Treatment Case Report Evaluation Rubric
- Assessment Case Report Evaluation Rubric

Treatment Case Report Rubric Criteria					
	Below Standard	**Novice**	**Competent**	**Proficient**	**Exemplary**
Summary of client history and MSE	The report lacks a summary of the client's background history. No MSE is included.	The summary is superficial, overlooking important developmental or historical factors, and cultural considerations are absent. A brief and incomplete MSE is attempted.	The section provides a basic summary of the client's developmental and background history but lacks depth in exploring key aspects. Cultural factors are briefly mentioned without thorough examination. A reasonable MSE is described.	The client's history is explored in detail, considering family dynamics, early experiences, and significant life events. The report integrates information about cultural factors and the client's resilience in the face of adversity. A thorough, terminologically correct MSE is provided that portrays the client in a manner that augments the report.	The client's history is explored in detail, considering family dynamics, early experiences, and significant life events. The report integrates information about cultural factors and the client's resilience in the face of adversity. A thorough, terminologically correct MSE is provided that portrays the client in a manner that augments the report.
Use of scientist practitioner model	Outcome measures are missing or severely inadequate.	Outcome measures are limited in relevance to the client's issues and treatment goals. May focus only on symptom reduction without considering broader functional outcomes.	Selects basic outcome measures that are somewhat relevant to the client's presenting issues and treatment goals. May lack diversity in terms of symptom-focused and functional measures.	Selects a well-rounded set of outcome measures that are relevant to the client's presenting issues and treatment goals. Includes a mix of symptom-focused and functional outcome measures.	Demonstrates a sophisticated and comprehensive selection of outcome measures that align with the client's presenting issues and treatment goals. Includes both symptom-focused and functional outcome measures.
Discussion of theories and evidence	No relevant evidence for the different approaches that can be used with the presenting complaint is provided. Alternative theoretical approaches are not discussed.	Limited evidence is used that supports the application of different theories, which may not be well described. An incomplete rationale is provided for the approach taken to intervention, which also lacks clear integration with the analysis provided.	Some evidence is used that directly supports the application of different theories, which are generally well described. A reasonable rationale is provided for the approach taken to intervention, but it lacks clear integration with the analysis provided.	Relevant evidence is used that directly supports the application of different theories, which are accurately described. A reasonable rationale is provided for the approach taken to intervention, based on the analysis provided.	Compelling, contemporary and well-documented evidence is used that directly supports the application of different theories, which are clearly and succinctly described. A sound rationale is provided for the approach taken to intervention, based on the analysis provided.

Theory-driven case formulation	Explanatory models are not clearly reflected in each aspect of the formulation. Formulation is not clearly guided by evidence-based psychological theories. Key factors excluded.	Explanatory models reflected in some aspects of the formulation. Formulation is generally guided by evidence-based psychological theories. May be some key factors excluded.	Explanatory models clearly reflected in some aspects of the formulation. Formulation is generally guided by evidence-based psychological theories. Most key factors are included.	Explanatory models clearly reflected in all aspects of the formulation. Formulation is clearly guided by evidence based psychological theories. Comprehensive coverage of case materials.	Develops a comprehensive and nuanced formulation, integrating psychological theories and empirical evidence to explain the pertinent aspects of the client's presentation.
Treatment	Minimal detail about evidence-supported treatments is provided. Recommended treatments are not linked to formulation.	Evidence-supported psychological treatments are generally described, but not closely linked to formulation, too vague, and/or some treatments without strong evidence were recommended.	Evidence-supported psychological treatments are clearly described, and most key aspects are linked to the formulation. Recommendations are clearly and overtly linked to testable psychological hypotheses.	Evidence-supported psychological treatments are described, which are linked to formulation. Recommendations are clear and implementable.	Evidence-supported psychological treatments are clearly and succinctly described, and overtly and plausibly linked to the formulation. Recommendations are clear, imaginative, evidence-based, and implementable.
Reflection & Cultural Considerations	Reflection is superficial, lacks critical insight, or misses key areas for improvement. The student does not describe a plausible or culturally safe way that the work described could be applied to an Aboriginal or Torres Strait Islander. The Social and Emotional Wellbeing model is not described in any detail. The overall impression is of poor knowledge of culture or working safety with Aboriginal or Torres Strait Islander people	Reflection is based largely on a description of the work rather than its meaning, impact, or areas for improvement. The student has briefly described how the work could be applied to an Aboriginal or Torres Strait Islander person, but the Social and Emotional Wellbeing model is not described in sufficient detail. The overall impression is of limited knowledge of culture or working safely with Aboriginal or Torres Strait Islander Peoples.	Reflection on the treatment process but may lack depth or overlook some important aspects. The student appears unclear how some aspects of the work might be adapted for an Aboriginal or Torres Strait Islander person but demonstrates a reasonable knowledge of Social and Emotional Wellbeing model. The overall impression is that the student's cultural knowledge is sufficient but requires improvement	Reflects on the treatment process, identifying strengths and limitations with some depth. Demonstrates a good understanding of how the work would be adapted for an Aboriginal or Torres Strait Islander person and demonstrates a reasonable knowledge of the Social and Emotional Wellbeing model. Some elements may lack detail, but overall impression is one of cultural competence and knowledge.	Reflects critically on the treatment process, identifying strengths, limitations, and areas for future improvement. Demonstrates a sophisticated understanding of how the work would be adapted for an Aboriginal or Torres Strait Islander person and demonstrates good knowledge of the Social and Emotional Wellbeing model. The overall impression is that the student has a deep understanding of culture, working safely with people from different cultures, and working effectively within the Social and Emotional

					Wellbeing model.
Writing style and organisation	Writing style and organisation are severely lacking.	Writing is unclear, lacks consciousness, and has significant organisational issues.	Writing is generally clear but may lack conciseness, and organisation could be improved.	Writing is clear and mostly concise, with good organisation and adherence to APA guidelines.	Writing is clear, concise, and well-organized, following APA style and formatting guidelines.
Overall Quality	Reflects an inadequate level of professionalism and expertise, failing to meet expectations.	Reflects a below-average level of professionalism and expertise, falling short of expectations.	Reflects a satisfactory level of professionalism and expertise, meeting some expectations.	Reflects a good level of professionalism and expertise, meeting most expectations.	Reflects a high level of professionalism and expertise, meeting or exceeding expectations.

Assessment Case Report Rubric Criteria					
Domain	**Below Standard**	**Novice**	**Competent**	**Proficient**	**Exemplary**
Brief description of reason for referral, history, & MSE	The report lacks a summary of the client's background history or reason for referral. No MSE is included.	The summary is superficial, overlooking important developmental or historical factors, and cultural considerations are absent. The reason for referral is ambiguous. A brief and incomplete MSE is attempted.	The section provides a basic summary of the client's developmental and background history but lacks depth in exploring key aspects. The reason for referral is clearly stated. Cultural factors are briefly mentioned without thorough examination. A reasonable MSE is described.	The client's history is summarized, covering key family dynamics and relevant life events. Cultural factors are mentioned but could be explored in more depth. The reason for referral is detailed and linked to the client's current symptoms. An MSE that covers most of the required domains is provided, though it lacks polish and/or depth.	The client's history is explored in detail, considering family dynamics, early experiences, and significant life events. The report integrates information about cultural factors and the client's resilience in the face of adversity. The reason for referral is detailed and linked to the client's current symptoms. A thorough, terminologically correct MSE is provided that portrays the client in a manner that augments the report.
Hypothesis-driven approach to psychological testing	The rationale for chosen assessment tools is missing or extremely inadequate.	Rationale is unclear or lacks depth, and some tools are not justified.	Offers a basic rationale for the chosen assessment tools.	Provides a rationale for the chosen assessment tools but with some gaps.	Articulates a clear and comprehensive rationale for the chosen assessment tools.
Integration of clinical and testing information into overall impression	Diagnosis / clinical impression and case formulation are missing or severely inadequate.	Diagnosis /clinical impression is unclear, inaccurate, or lacks proper justification.	Presents a diagnosis / clinical impression, but clarity and accuracy could be enhanced.	Offers a clear diagnosis / clinical impression but with some room for improvement or minor inaccuracies.	Provides a clear and accurate diagnosis / clinical impression, supported by a comprehensive understanding of the case.
Evidence-based recommendations	Treatment recommendations are missing or severely inadequate.	Treatment recommendations are unclear, inadequately supported, or not tailored.	Offers basic treatment recommendations, but some aspects lack specificity.	Provides evidence-based treatment recommendations but with some gaps in tailoring.	Offers evidence-based treatment recommendations tailored to the client's specific needs.

Reflection & Cultural Considerations	Reflection is superficial, lacks critical insight, or misses key areas for improvement. The student does not describe a plausible or culturally safe way that the work described could be applied to an Aboriginal or Torres Strait Islander. The Social and Emotional Wellbeing model is not described in any detail/ The overall impression is of poor knowledge of culture or working safety with Aboriginal or Torres Strait Islander people	Reflection is based largely on a description of the work rather than its meaning, impact, or areas for improvement. The student has briefly described how the work could be applied to an Aboriginal or Torres Strait Islander person, but the Social and Emotional Wellbeing model is not described in sufficient detail. The overall impression is of limited knowledge of culture or working safely with Aboriginal or Torres Strait Islander Peoples.	Reflection on the assessment process but may lack depth or overlook some important aspects. The student appears unclear how some aspects of the work might be adapted for an Aboriginal or Torres Strait Islander person but demonstrates a reasonable knowledge of Social and Emotional Wellbeing model. The overall impression is that the student's cultural knowledge is sufficient but requires improvement	Reflects on the assessment process, identifying strengths and limitations with some depth. Demonstrates a good understanding of how the work would be adapted for an Aboriginal or Torres Strait Islander person and demonstrates a reasonable knowledge of the Social and Emotional Wellbeing model. Some elements may lack detail, but overall impression is one of cultural competence and knowledge	Reflects critically on the assessment process, identifying strengths, limitations, and areas for future improvement. Demonstrates a sophisticated understanding of how the work would be adapted for an Aboriginal or Torres Strait Islander person and demonstrates good knowledge of the Social Emotional Wellbeing model. The overall impression is that the student has a deep understanding of culture, working safely with people from different cultures, and working effectively within the Social and Emotional Wellbeing model.
Writing style and organisation	Writing style and organisation are severely lacking.	Writing is unclear, lacks consciousness, and has significant organisational issues.	Writing is generally clear but may lack conciseness, and organisation could be improved.	Writing is clear and mostly concise, with good organisation and adherence to APA guidelines.	Writing is clear, concise, and well-organized, following APA style and formatting guidelines.
Overall Quality	Reflects an inadequate level of professionalism and expertise, failing to meet expectations.	Reflects a below-average level of professionalism and expertise, falling short of expectations.	Reflects a satisfactory level of professionalism and expertise, meeting some expectations.	Reflects a good level of professionalism and expertise, meeting most expectations.	Reflects a high level of professionalism and expertise, meeting or exceeding expectation