



University of Colorado at Colorado Springs

Comprehensive Examination Portfolio Guidelines and Policy

**Clinical Psychology Ph.D. Program with Curricular
Emphasis in Geropsychology**

Revised and Approved by Clinical Faculty

August 24, 2009

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Comprehensive Examination Portfolio Guidelines and Policy

Purpose of Comprehensive Examination – Evaluate students’ attainment of program goals prior to admission to candidacy.

Objectives:

- 1) Demonstrate competence in breadth of knowledge in the science/practitioner model of clinical psychology.
- 2) Demonstrate ability to integrate and apply knowledge in clinical geropsychology.
- 3) Assist student in focusing and documenting his/her approach to clinical psychology.

Overview

The Comprehensive Examination for the Clinical Psychology Ph.D. program at UCCS consists of the following components that are to be presented to the DCT according to the format prescribed in the Guidelines and Policy document on the deadlines stated therein. The contact person is David DuBois for all materials (x4500).

I. Clinical Competency Examination (CCE)

- A. **Case Analysis** – written analysis and oral defense of analysis of a case provided to the student by the DCT (first part available by 2/1 of year of exam). Details are provided below.
- B. **Clinical Case Presentation** – written and oral defense of psychological services provided to a client by the student. A video- or audio-tape, a written transcript of a session, and a thorough written analysis of treatment will be prepared by the student.
- C. **Clinical Skills Evaluations** – clinical skills evaluations from each supervisor organized sequentially throughout the program by semester.

II. Research Competency Exam

- A. **Research Product** – submit *one* of the following:
 - 1) Research paper - Review or empirical scholarly paper that has been submitted or published in peer-reviewed journal, that is primarily the work of the student
 - 2) Grant proposal submitted by student
 - 3) Paper or poster presentation as first author at a national conference, that is primarily the work of the student
- B. **Research Dissemination** – written or oral presentation that disseminates research for a public audience outside of psychology, with documentation (e.g., outline and evaluation of oral presentation; published piece for lay audience).

Eligibility: Qualification and Readiness

Students may declare intention to take the Comprehensive Examination (CE) after completing their M.A. degree requirements. Students entering the program with a Master's degree earned elsewhere must spend at least two semesters in residence at UCCS before completing the CE. Students generally will take the CE in the spring semester of their third year in the doctoral program. Completion of the CE is required before advancing to candidacy and application to internship. Eligibility is affirmed by signature of the Director of Clinical Training (Dr. Daniel L. Segal) and Director of Graduate Training (Dr. Michael Kisley).

Timeline of Comprehensive Examination

The following schedule will be adhered to annually, unless specific notice is provided to students by January 1 of that year. On a trial basis, we will be offering the examination twice per year (once in Spring and once in Fall), effective January 2009.

Spring Comps

January 1	Comprehensive Examination Guidelines and Policies on the department web page will be the official guideline for that year.	www.uccs.edu/psych
January 20	Students submit intent to take exam	Form on web; submit to DCT
February 1	Case available for Case Analysis portion	Sent from DCT secretary
March 15	Case Analysis Assessment Plan Due	DCT and DCT secretary
March 16	Assessment data available for Case Analysis	DCT and DCT secretary
May 1	Portfolio Due	To DCT secretary
May 1	Faculty reviewers assigned by DCT	
Monday before graduation	Oral Defense of Clinical Competency Exam – scheduled on the Monday prior to graduation (90 minutes per exam; including 30 minute presentation, 30 minute Q&A, 15 minute examiner discussion)	

Fall Comps

August 1	Comprehensive Examination Guidelines and Policies on the department web page will be the official guideline for that year.	www.uccs.edu/psych
August 20	Students submit intent to take exam	Form on web; submit to DCT
September 1	Case available for Case Analysis portion	Sent from DCT secretary
October 15	Case Analysis Assessment Plan Due	DCT and DCT secretary
October 16	Assessment data available for Case Analysis	DCT and DCT secretary

December 1	Portfolio Due	To DCT secretary
December 1	Faculty reviewers assigned by DCT	
Monday after semester ends	Oral Defense of Clinical Competency Exam – scheduled on the Monday after the semester ends (90 minutes per exam; including 30 minute presentation, 30 minute Q&A, 15 minute examiner discussion)	

General Guidelines

1. The Comprehensive Examination is presented by the student to the faculty in a portfolio format, contained in a 3 ring binder.
2. The Comprehensive Exam is to be completed independently by the individual student, without consultation with psychologists or peers for any reason. You may obtain consultation as needed with other professions. Assistance with conceptualization, interpretation, presentation, or editing of written materials is **not** allowed. The only assistance that is allowable relates to technical aspects of audio- or video-taping and transcription, as well as consultation with the DCT regarding the requirements or mechanisms for meeting requirements.
3. Guidelines concerning the content and format of the sections of the examination are provided in the specific sections below. Adherence to page length guidelines is critical. All written materials are to follow APA publication format guidelines (e.g., margins, font, page layout).
4. Clinic guidelines must be followed in obtaining video- and audio-tapes that will be submitted for faculty review. As soon as the student identifies his or her client for the Clinical Case Presentation, the student should ask the client to sign the Informed Consent form (provided on Page 15).
5. Students must complete the Comprehensive Examination prior to admission to candidacy for the Ph.D. degree. As such, students may not complete a dissertation proposal meeting before completing the Comprehensive Examination. However, students may register for some dissertation credits before completing the Comprehensive Examination (see the Graduate Handbook for details).

I. Clinical Competency Examination (CCE)

A. Case Analysis

The faculty will provide a clinical case (see deadlines above) that contains several key themes we have established for the program (e.g., cultural diversity, ethics, lifespan and family development, and biological functioning). The written analysis and oral defense of analysis of includes formulation of an assessment plan, response to assessment data (the

data will be provided to the student according to the timeline provided above), recommended treatment approach (including theoretical framework, empirical literature supporting approach, justification of choice of approach for case, evaluation process, and prognosis/prediction of impact given moderating and mediating factors), and analysis of issues related to program themes of cultural diversity, ethics, lifespan and family development, and biological functioning that are evident in the clinical case. Students will write an analysis of the case that includes:

- Formulation of an **assessment / evaluation approach** (e.g., how would you evaluate the client provided in the Case Analysis (5 double-spaced pages maximum; This may be in outline form) DUE 3/15 for Spring; DUE 10/15 for Fall)
 - i. Rationale for the assessment / evaluation approach chosen (e.g., state your reasons for choosing the assessment approach you have chosen)
 - ii. Measures / Instruments / Assessment Tools recommended (describe and cite any distinctive aspects of the use of the measures, instruments, and tools required by the case)
- Clinical formulation using assessment data presented from DCT (data presented 3/16 for Spring; 10/16 for Fall) (2 double-spaced pages maximum)
 - i. Describe, from a theoretical framework, the contributing and sustaining factors related to the client's areas of difficulty. Integrate information from all sources into a succinct, coherent explanation. Include discussion of relevant historical and medical factors.
 - ii. Provide justification for the psychological diagnosis given.
- Recommended **treatment approach** (20 double-spaced pages maximum plus references) which includes the following sections:
 - i. brief description of theoretical framework including empirical support in the literature for the chosen approach
 - ii. argument for appropriateness to this case (e.g., use the assessment data and literature to support the treatment approach)
 - iii. process of evaluation (e.g., how would you evaluate the effectiveness or outcomes of your treatment approach)
 - iv. prognosis and prediction of impact of treatment (e.g., describe how well you think the client will do in treatment and flesh out potential problem areas or points of resistance / difficulty)
- Analysis of the impact or effect of the program themes of cultural diversity, ethics, lifespan and family development, and biological functioning on the treatment (3-5 pages maximum)

B. Clinical Case Presentation

Students will present their work with a real clinical case they have treated for a minimum of 6 sessions in the training program at UCCS, using case presentation format that includes a description of the case, written transcription of a session, video or audio-tape

of that same session, and a written analysis of the assessment and treatment process. Specific guidelines for the presentation are presented in the sections that follow.

Preparation

Selection of the client: The “client” may be an older adult, adult, couple, or family. If there is any question about the suitability of the client for the CCE examination process, consult with the DCT. It is expected that there should be sufficient participation by both the student and client to allow the examiners to assess the student’s clinical skills. The client presented must be a client at the student’s practicum site. You may consult with your supervisors about selection of the client.

Taping: The student shall provide a clearly audible audiotape or videotape and typed transcript of an intervention session (consult with the DCT about the required length of the transcription). Inaudible tapes will not be accepted. The session is to last no longer than fifty minutes. There is to be no editing of the tape or transcript. The session selected for presentation should be a good sample of the kind of psychotherapy treatment provided for with the client, so it should not be an intake session or termination session.

Students should start taping sessions at the beginning of their practicum year. The student should test the equipment, and the quality of recording, before taping so that audible tapes can be assured. Give yourself and your client time to become comfortable with taping. If you wait until the last minute to start taping, it may lead to anxiety and pressure that can severely distort the treatment situation and your work. Discuss any problems with taping clients with your clinical supervisor or the DCT.

Although the student will be supervised by a practicum supervisor on the case presented, the student should not have received specific coaching or assistance regarding the particular taped hour presented for the CCE. Similarly, students may have presented the particular case in Practicum class, but they cannot have previously presented that particular session, nor have received specific coaching or assistance regarding this client’s case conceptualization or treatment plan. Obviously, you will have received general supervision on the case, but the session should not have been scripted ahead of time by you or a supervisor. The written case summary and analysis as well as the oral presentation should reflect the student’s own work and offer a view of the student’s capacity to independently discuss and analyze a case.

When the tape or sections of the tape are transcribed, the therapist and client interactions should be numbered (T1, C1, T2, C2, etc.) so that you may cite particular interactions within the transcript in your process analysis. Students may employ professional medical transcriptionists, who are trained in the standards of medical confidentiality, to transcribe their tapes. The transcript should be proofread against the tape to ensure its accuracy before submission.

Informed Consent: Students must provide the Informed Consent form with an original signature to the DCT at the time the CCE is scheduled. No CCE will be accepted if the

Informed Consent form is not provided. Failure to obtain informed consent violates ethical standards and will result in a referral to the clinical faculty for disciplinary action.

Selection of Conceptual Formulation: The student should establish, in discussion with her or his practicum supervisor, the theoretical orientation she or he will follow with the chosen client. Selection of a primary theoretical orientation for the CCE does not assume that the student rigidly adheres to that model. A theoretical orientation is a starting point for organizing complex clinical information. If a student chooses to use an eclectic approach, then it is the student's responsibility to specify the assumptions about diagnosis and intervention inherent in that integrative approach. Whatever orientation or approach is selected, it is important that the conceptual formulation, treatment plan, intervention, and outcome assessment be consistent, and that deviations from the theoretical orientation presented are explained and supported.

Guidelines for the Written “Clinical Case Presentation”

The written materials from the CCE may be copied for training or other purposes. Consequently, it is imperative that all client identifying information is disguised. Change names, locations, and other personal information, without altering the clinical significance of historical information, so that no one could identify the client from the written materials. The “Clinical Case Presentation” should be no more than 25 (double-spaced) pages in length, excluding references, transcript, and any other supporting information.

Description of the Client:

1. Identifying Information: Age, gender, occupation, race, religion, marital status, family members, current life situation, and duration and frequency of treatment.
2. Presenting Problem: Include a clear description of the presenting problem (including clinical disorders, and Axis II and Axis III considerations). You may include the self-reported reason for seeking services as well as your impression of the problem.
3. Behavioral Observations (across the duration of treatment, not just at Intake): Salient aspects of physical appearance and mannerisms. Relevant observations might include the client's apparent state of health, physical coordination, intellectual and cognitive functioning, affect, or any peculiarities in the client's behavior.
4. History of the Problem and Precipitating Factors: Describe the events or life changes that accompanied the appearance of psychological distress. Explain the onset and course of the problems since the client first noticed their appearance. Specify previous efforts at resolution and apparent consequences of those efforts. Include cognitive, affective, and interpersonal reactions to precipitants of distress.
5. Developmental and Historical Information: This section includes information about the client's social history to put the presenting problem in context. Descriptions of any significant family, peer, and romantic relationships should be presented. Developmental, cognitive, affective, and biomedical variables should

- be detailed. Summarize previous diagnostic assessment or treatment, family history, relationships and sexual history, work history, medical history, legal history, and substance use and abuse history.
6. Cultural and Other Diversity Information: Descriptions of the cultural, racial, ethnic, or other diversity background information of the client should be presented. Summarize how these factors affected development of the presenting problem and development of functional adjustment.

Analysis:

1. Diagnostic Formulation: Provide a full DSM-IV-TR multi-axial diagnosis (include all five axes). Describe how you arrived at your diagnosis, including how you differentiated among several diagnostic hypotheses, and explain how you ruled out unsupported diagnoses. Support your diagnostic impression by pointing to relevant symptom criteria.
2. Clinical Formulation: Describe your theoretical orientation or other conceptual formulation. Explain how the client developed the problems identified according to your theoretical orientation. Integrate your client's history with the theoretical orientation you have selected to support your explanation. Include information about cultural, ethnic, or other diversity which impacts on the client's problems, your assessment, treatment plan, and/or outcome measurement.
3. Treatment Plan: The treatment plan should be an application of your clinical formulation, designed to ameliorate or reduce the problems you have identified and explained. Describe your goals and objectives for treatment. Specifically describe the interventions you planned according to your theoretical orientation to address the identified problems and assist the client in making progress towards the identified goals.
4. Treatment Summary: Summarize your actual interventions with the client over the course of your treatment. Describe the course of the therapy sessions, either session by session, or by beginning, middle, and end phases of treatment. Describe how you monitored progress in treatment. Describe the high points and the low points in the therapeutic process.
5. Work Sample: Identify the single session chosen as the work sample (including the number of the session in the sequence, such as session 12 out of 20 sessions with the client). Provide a brief general analysis of the main theme or themes of the session. Your mode of analyzing the intervention session should reflect your understanding of that orientation's perspective on the psychotherapeutic process. Explain how the taped work sample represents your work in treatment of this client. Identify the therapeutic interventions consistent with your theoretical orientation in this session.
6. Select three sets of brief interactions from the single taped session (Note: these interactions must be transcribed). These interactions should sample:
 - a) The beginning or end of the hour;
 - b) A therapeutic exchange; and
 - c) A counter-therapeutic or problematic exchange.

The basic criterion for determining the length of the interaction for analysis should be that it allows the reader to evaluate the impact of the client's and therapist's comments. For example, the first interaction could be the first two-minute dialogue after greeting the client, showing rapport. The second interaction should represent an intervention discussed in the treatment plan or summary. The third exchange may represent an intervention less skillfully implemented, not apparently effective, or not consistent with the conceptualization or treatment plan. Generally speaking, five verbal exchanges could be considered a minimum interaction (e.g., C1, T1, C2, T2, and C3). If the information present in five exchanges is insufficient for a fair evaluation of the interaction, or it is prone to be misunderstood by the evaluators, then you should either include a longer interaction or provide more information about the responses. In each analysis, give a rationale for your responses. Explain your analysis of the meaning of the client's remarks to you and the intent behind your remarks to the client. Discuss the impact that your interaction had upon the client, both in terms of your treatment goals and your therapeutic relationship.

7. **Self-critique:** Evaluate your assessment and intervention in the full case in terms of your performance of clinical judgment and skill across all sessions. Discuss and critique the quality of the therapeutic alliance, your assessment of client's problems, and your intervention strategies and implementation. Critically assess your performance, and identify what you would do differently now, if you could, and how you hope to improve your performance in the future.
8. **Ethical and Legal Issues:** Include here a brief description of any ethical and/or legal issues, your awareness of them, and how you addressed them.

C. Clinical Skill Evaluations

Copies of all end-of-semester evaluations of clinical skill will be submitted in the CCE binder in sequence from earliest to most recent practicum experiences. These evaluations are in each student's notebook in David DuBois' office.

II. Research Competency Examination

The research exam portion of the portfolio includes two research products that demonstrate the student's competency to conceptualize, conduct, and report research to multiple audiences. The first portion is a research product for professional audiences and the second is a product demonstrating competence in research dissemination for the lay public.

A. Professional Research Product

Submit one of the following, along with a very brief description of your role in the project and product:

- **Research paper** – Review or empirical scholarly paper that has been submitted or published in peer-reviewed journal, that is primarily the work of the student

- Grant proposal – written and submitted by student for student’s work (e.g., dissertation)
- Paper or poster presentation – Professional presentation as first author at a national conference, that is primarily the work of the student

B. Public Research Dissemination Product

Submit a summary of research designed to educate the lay public, and describe the context for the dissemination product. Specifically, submit two components along with a statement affirming that the submissions represent your sole work:

- Submit a written version of a written or oral presentation that disseminates research for a public audience outside of psychology, with documentation (e.g., outline and evaluation of oral presentation; published piece for lay audience).
- Describe the context for the dissemination activity (e.g., audience, presentation format, setting) and the goals/objectives of the activity.
- Written statement affirming that this was your work.

The Research Competency Examination is for the purpose of determining students’ competency to conduct, analyze, interpret, and apply research. The submitted materials will be rated by the Evaluators as either Exemplary, Acceptable, or Unacceptable on both the quality and the scope of their professional contributions.

Submission of Materials:

Three copies of the completed CE materials, three tapes, and three transcripts must be submitted to the DCT (via the DCT secretary) by deadline for the semester in which the oral CE defense will be scheduled (Spring deadline is May 1st, Fall deadline is December 1st). The materials are to be presented neatly in a well-organized binder clearly marked with dividers between the key components. The Informed Consent form must be submitted to the DCT by the same time and date but should **not** be included in the binder. Submitting materials after the deadline will result in failure of the CE.

Oral Presentation and Defense:

The first and second reader on the CE committee will be assigned to the student by the DCT at the time the Comprehensive Exam materials are submitted to the DCT. Both examiners will be clinical residential faculty members in the Psychology Department. The first reader is considered the “chair” of the committee.

The CE oral defenses will be held at the end of the semester (For Spring, the defense is held on the Monday prior to graduation, immediately following finals week; For Fall, the defense is held on the Monday immediately following finals week). The student should allow 90 minutes for the exam, with approximately 30 minutes of presentation, 30 minutes of question/answer, and 15-30 minutes of faculty deliberation. Questions may be

asked about the written Case Analysis. The decision will be announced at the conclusion of the meeting.

The DCT will give copies of the CE materials (manuscript, tape, and transcript) to both examiners. The student is responsible for bringing a tape recorder and tape of sufficient length to tape the oral presentation and defense. The audiotape of the oral presentation and defense is used to resolve disputes, such as a “split decision” by the two examiners. In the event there is no dispute, the tape is returned to the student, who may then delete the recording. If there is a “split decision” to pass or fail the student, the DCT will take the tape of the exam, the document, transcript, and taped work sample to give to a third examiner whom the DCT shall appoint.

The two faculty evaluators will have reviewed the written manuscript, tape and transcript prior to the oral presentation and defense.

- The student should briefly present the case, building upon the materials already conveyed in the written report.
- The student should demonstrate her or his knowledge of the case, history, conceptualization, and treatment, including cultural or ethnic diversity issues and ethical issues.
- The student’s presentation should not exceed thirty (30) minutes in length.
- A student may bring a concise outline to discuss certain key points during the oral presentation. However, it is expected that students will be able to negotiate a largely extemporaneous professional presentation. Reading from, or referring to, detailed notes is inconsistent with expectations for theoretical and clinical competence at this point in the student’s training.

The two examiners will then question the student, assessing the student’s knowledge base and clinical competence. A student is required to “think on one’s feet,” to consider and evaluate the examiner’s questions, defending one’s knowledge and demonstrating good clinical judgment and skill. A student may be asked to evaluate other possible interventions, demonstrate sensitivity to underlying psychological issues, articulate and support the case formulation from an alternative theoretical paradigm, and/or explain therapeutic strategies. Questions related to current professional issues, ethics, legal issues, and or diversity issues may also be asked. The examiners are free to explore issues and test the student’s knowledge and competence until they are satisfied that they can render an informed decision.

There is NO oral defense of the Research Competency Examination materials, but Evaluators may ask clarifying questions about the submissions.

After the question and answer period, the examiners will ask the student to leave the room while they confer, and will bring the student back to the room to inform her or him of their decision.

Faculty Evaluations and Examination Outcome:

There are two possible outcomes of the CE:

Pass (pending revisions): This indicates an appraisal that the student's overall performance is comparable to other students at her or his developmental level in the program. The student has demonstrated developmentally appropriate proficiency according to the guidelines, and is prepared to enter a clinical internship. Students have demonstrated the ability to integrate theoretical knowledge and case material into a cohesive and organized case summary, and have demonstrated competence in assessment and intervention. The student should expect that significant revisions will be requested to bring the materials to professional standards appropriate for submitting with internship application. Based on feedback from the examiners, the student must complete revisions as required within 30 days of the examination. The chair of the committee will ensure that the revisions are acceptable. If the revisions are not completed or are not satisfactory, the decision will revert to Fail. Once revisions are successfully made, the chair must inform the DCT (via email) so that an official memo of completion will be provided to the student and a copy placed in the student's notebook.

Fail: This indicates an appraisal that the student's written manuscript, and/or oral presentation and defense demonstrates deficiencies. The student has not demonstrated sufficient competence in assessment, intervention, clinical judgment or skill. Submission of a document that does not meet the standards of graduate study may result in a Failure. These deficiencies indicate that the student has not yet mastered the body of knowledge or clinical skill to enter a clinical internship. A plan of remediation is warranted.

Split Decision: In the event the two examiners are unable to concur on a decision to pass or fail the student, the DCT will assign a third examiner, a member of the core clinical faculty, who will read the document and transcript, listen to the taped session, and listen to the tape of the oral presentation and defense. This third examiner will render an independent decision to pass (pending revisions) or fail, and the majority decision of the three examiners will prevail. In the event that the two examiners are unable to concur on one of the three passing decisions, the student is required to make all revisions required by any examiner. Revisions must be approved by the examiner who required them.

Remediation Policy:

In the event that a student fails the CE, she or he must seek remediation. The DCT, in consultation with the two initial faculty examiners, will recommend a program of remediation and will determine the date of first opportunity to retake the examination. Remediation may include readings, additional documentation or revision of written materials, additional courses, additional practicum experiences, presentation of another case, or other specified training experiences. All remediation plans, and the contractual documentation, will be provided to the student in writing. The goal of remediation is to help students pass the CE process upon retaking it.

Re-examination may occur at any subsequent offering of the Comprehensive Examination, including the following semester. The student's progress in remediation

will be taken into account. A student may retake the CE only one time. A second failure of the CE will result in dismissal from the program at the University of Colorado at Colorado Springs.

In the event that a student who has previously failed the CE is re-taking the examination, the student may select the first examiner from the clinical faculty, and the Director of Clinical Training will assign a second and a third examiner. In a second examination attempt, every attempt will be made to exclude the initial evaluators, but all examiners must be core faculty members. In a second attempt, the student should provide **three copies** of all materials to the DCT instead of two copies. The process of the examination is the same, with the exception that there are **three examiners** rather than two.

Appeal of CE Decision:

Any student wishing to pursue an appeal of the CE decision must consult with the DCT (within 2 weeks of the defense) regarding appeal procedures. Any appeal will be evaluated by the Clinical Program Committee.

CE Procedure Checklists:

Procedure Checklist for Students:

- File Comprehensive Exam Form with DCT (the form is available on the program website) so that the DCT and DGT can sign the form.
- Pick up case for Case Analysis from DCT or administrative assistant when it is available (see deadlines above).
- Submit Assessment Plan for case analysis by the deadline.
- Pick up assessment data for case analysis by the deadline.
- Select a case and a sample audiotaped or videotaped session. Obtain informed consent from the client. You should have selected your case and have been taping sessions well before submitting your application to sit for the exam
- Transcribe the tape (or necessary portions of the tape as indicated by the DCT).
- Prepare two copies of the written Case Analysis, Clinical Case Presentation, taped work sample, and transcript. (Prepare three copies for a re-take of the examination).
- Submit the Informed Consent Form and the appropriate number of copies of the manuscript, work sample, and transcript to the DCT by the deadline.
- Arrange to audiotape the oral defense on the date/time established by the DCT.
- If revisions are required, they must be completed within 30 days after the oral presentation and defense.

Procedure Checklist for the First and Second Examiners:

- Receive the CE materials from the DCT.
- Review the CE materials before the oral presentation and defense.

- ❑ At the meeting, determine who will be the “chair” (first reader) and who will be the second reader.
- ❑ Each reader renders an independent decision about the CE outcome and confers with the other examiner (and third examiner, in the case of a retake). Each reader should complete the CE Evaluation form. The student should be informed of their status, either Pass or Fail, immediately after the meeting.
- ❑ The chair is responsible for combining the ratings from both readers on to one CE Evaluation form. Both readers should sign the form with the combined ratings.
- ❑ The chair is responsible for providing *to the student* a copy of the completed and signed form. This should be done within 30 days after the meeting is completed.
- ❑ The chair is responsible for providing *to the DCT* a copy of the completed and signed form. This should be done within 30 days after the meeting is completed. The form is part of the student record and is used for the program’s ongoing assessment plan.
- ❑ After any required revisions are completed (to the satisfaction of all readers but monitored by the chair), the chair should notify the student and the DCT in writing (or email) so that a formal letter of completion can be provided to the student and a copy placed in the student’s notebook.
- ❑ After the process is completed, all materials should be provided back to the student.

**University of Colorado at Colorado Springs
Informed Consent**

Your psychotherapist or counselor is a doctoral student at University of Colorado at Colorado Springs, and she or he is being evaluated on her or his clinical skills. It is very helpful for graduate students to discuss actual learning situations with their faculty and supervisors so that they can improve their clinical skills. You, or your family, benefit from the clinical experience of different faculty and supervisors. We appreciate that you are assisting our student to develop her or his psychological helping skills.

I, _____, understand that the information which I may share with my therapist may be used for educational purposes. I voluntarily consent to having sessions audiotaped or videotaped for the purposes of education, supervision, or training. Educational purposes may include clinical instruction, therapy supervision, consultation, student skill assessment, model assessment procedures, or program accreditation. It does not include psychological research, which would require separate consent procedures. Any written or oral reports will use disguised information so that you, or your family members, could not be personally identified.

Any clinical information, psychological test results, or other personal information will be kept completely confidential. The only exceptions to client confidentiality are disclosures of child maltreatment, elder abuse, imminent danger to oneself, or imminent danger to others. Audiotapes and videotapes of clinical activities will be destroyed after the student evaluation procedures are completed. Clinical records, or other information, cannot be shared outside of the educational setting without your explicit written consent. You may withdraw your consent at any time.

If you have any questions or concerns about these informed consent procedures, or about the therapeutic services that you are receiving, you may call the Director of Clinical Training at University of Colorado at Colorado Springs (Daniel L. Segal, Ph.D., 719-262-4176).

Printed Name of Client

Date

Signature of Client

Printed Name of Student Therapist

Signature of Student

University of Colorado at Colorado Springs
Comprehensive Examination Evaluation

Student Name _____

Semester _____ **Year** _____

First Reader (Chair) _____

Second Reader _____

Third Reader (retakes and disputes only) _____

Skill Assessment Anchors

Rate each student on a 1 to 4 scale using the following anchors:

- 1 = Deficient
- 2 = Weak
- 3 = Competent
- 4 = Outstanding

I. Knowledge of Relevant Concepts:

- A. Student integrates appropriate concepts from the major content areas of psychology – personality, biological, cognitive, affective, developmental, social and cultural.
- B. Student demonstrates knowledge of psychopathology, theoretical orientation used, and treatment strategies.

Evaluator's Comments:

Skill assessment: 1 2 3 4

II. Data Collection and Clarity of Presentation

- A. Student provides a thorough history and qualitative description of the client in the case presentation.
- B. Student provides a clear description of the assessment process, treatment plan, treatment implementation, and outcome evaluation in the case presentation and case analysis.
- C. The report is essentially free of grammatical and typographical errors, demonstrating the ability to communicate using appropriate professional writing.
- D. Student responses to questions in the oral presentation and defense are clear, articulate, and demonstrate appropriate and professional communication skills.

Evaluator's Comments:

Skills Assessment: 1 2 3 4

III. Assessment:

- A. Student has made a careful analysis of clients' symptoms and problems.
- B. Student has considered appropriate diagnostic hypotheses.
- C. Student has made appropriate diagnosis and supported the assessment.
- D. Rationale and plan for assessment is appropriate to address issues in case analysis.

Evaluator's Comments:

Skills Assessment: 1 2 3 4

IV. Case Conceptualization:

- A. Student demonstrates knowledge of one theoretical model.
- B. Student applies major components of the theory to case material in a manner that is congruent with the client's history and problem presentation
- C. Student explains development of the client's problem(s) according to the theoretical orientation used.

Evaluator's Comments:

Skills Assessment 1 2 3 4

V. Treatment Formulation and Implementation:

- A. Student develops and presents a plan for treatment that follows logically and consistently from the case conceptualization.
- B. Student's interventions are consistent with conceptualization and skillfully implemented.
- C. Work sample demonstrates skill in interventions described in the manuscript.
- D. Review of empirical literature is thorough and organized to inform the clinical plans (assessment and treatment) for the case analysis.

Evaluator's Comments:

Skills Assessment 1 2 3 4

VI. Relationship Skills:

- A. Student establishes and maintains rapport with the client.
- B. Student describes adequate consideration of development of relationship in treatment, including working alliance and termination issues.
- C. Student demonstrates an awareness of relationship patterns impacting upon treatment and manages them appropriately

Evaluator's Comments:

Skills Assessment 1 2 3 4

VII. Analysis and Self-Critique:

- A. Student integrates relevant themes and important information used over the course of treatment.
- B. Student demonstrates ability to self-reflect and to critique her or his own work, including strengths and weaknesses (Clinical Case Presentation and Self-Evaluation).
- C. Student monitored effectiveness of treatment by evaluating outcome, and adjusted treatment according to progress.

Evaluator's Comments:

Skills Assessment: 1 2 3 4

VIII. Ethical and Legal Considerations:

- A. Student demonstrates knowledge of relevant ethical guidelines.
- B. Student analyzes implications of possible ethical dilemmas.
- C. Student demonstrates appropriate, professional attitude, demeanor, and behavior.

Evaluator's Comments:

Skills Assessment 1 2 3 4

IX. Diversity Issues:

- A. Student demonstrates knowledge and awareness of possible individual differences or cultural diversity factors relevant to assessment and treatment of this case.
- B. Student discusses knowledge of diversity issues with sensitivity and respect for differences.

Evaluator's Comments:

Skills Assessment 1 2 3 4

X. Overall Evaluation:

- A. Feedback regarding overall quality of the manuscripts, case material, oral presentation and defense.
- B. Suggestions to improve the report and enhance the student's assessment and treatment skills.

Evaluator's Comments

Evaluation of the Comprehensive Examination:**Examiner 1:****Pass (pending required revisions)** _____**Fail** _____**Examiner 2:****Pass (pending required revisions)** _____**Fail** __________
Signature_____
Signature_____
Date**Examiner 3:** (for retakes and disputes only)**Pass (pending required revisions)** _____**Fail** __________
Signature_____
Signature_____
Date_____
Signature_____
Date*Please submit this form to the DCT upon completion.*

University of Colorado at Colorado Springs

CE Revision Completion form

Student Name _____

Semester _____ **Year** _____

First Reader (Chair) _____

Second Reader _____

Third Reader (retakes and disputes only) _____

Revisions required to be completed by _____ (30 days from exam date)
Date

Description of Required Revisions:

Revisions received: _____

Date

Revisions acceptable:	Examiner 1:	Examiner 2:	Examiner 3:
	Yes _____	Yes _____	Yes _____
	No _____	No _____	No _____

Final CCE evaluation:	Examiner 1:	Examiner 2:	
	Pass _____	Pass _____	Pass _____
	Fail _____	Fail _____	Fail _____

Signature Examiner 1

Signature Examiner 2

Signature Examiner 3

Date

Please submit this form to DCT upon completion.

For Office Use Only
Data Entry Sheet CE

Student Name _____

Semester _____ Year _____

Student ID # _____

<u>I. Knowledge of Relevant Concepts:</u>	1	2	3	4
<u>II. Data Collection and Clarity of Presentation:</u>	1	2	3	4
<u>III. Assessment:</u>	1	2	3	4
<u>IV. Case Conceptualization:</u>	1	2	3	4
<u>V. Treatment Formulation and Implementation:</u>	1	2	3	4
<u>VI. Relationship Skills:</u>	1	2	3	4
<u>VII. Analysis and Self-Critique:</u>	1	2	3	4
<u>VIII. Ethical and Legal Considerations:</u>	1	2	3	4
<u>IX. Diversity Issues:</u>	1	2	3	4
<u>X. Overall Evaluation:</u> Pass (minor revisions)	Pass (major revisions)			Fail

Examiner 1 _____

Examiner 2 _____