



**University of Colorado at Colorado Springs**

**Comprehensive Examination Portfolio Guidelines and Policy**

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

**Revised and Approved by Clinical Faculty**

**July 27, 2006**

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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 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 Shari Patterson for all materials (x4153).

### **I. Clinical Competency Exam**

- 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 full 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
- 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 after completing their M.A. degree requirements. 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. Sara Qualls) and Director of Graduate Training (Dr. Hasker Davis).

**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:

January 1	Comprehensive Examination Guidelines and Policies on the department web page will be the official guideline for that year.	<a href="http://www.uccs.edu/psych">www.uccs.edu/psych</a>
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)	

**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.

## **Clinical Competency Examination**

### ***I. Case Analysis***

The faculty will provide a clinical case by February 1<sup>st</sup> that contains several key themes we have established for the program (e.g., cultural diversity, ethics, lifespan and family development). 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 on 3/16), 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 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 (3-5 pages maximum; This may be in outline form) DUE 3/15
  - 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 on 3/16 from DCT
- Recommended **treatment approach** (20 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 Tx (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 on the treatment (3-5 pages maximum)

## ***II. Clinical Case Presentation***

Students will present their work with a real clinical case they have treated for a minimum of 6 sessions, 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 Director of Clinical Training 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 CE 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 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, and current life situation
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 multiaxial 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 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 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 this case in terms of your performance of clinical judgment and skill. 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.

### ***III. 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.

## **Research Competency Exam**

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.

#### ***IV. 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)

#### ***V. 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, Shari Patterson) by May 1 of the Spring semester in which the oral CE defense will be scheduled. 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 on May 1. Both examiners will be clinical residential faculty members in the Psychology Department.

The CE oral defenses will be held annually on the Monday prior to graduation (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 immediately.

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. 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 three possible outcomes of the CE:

Pass (with minor 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. Minor revisions may be requested to bring the materials to professional standards appropriate for submitting with internship application.

Pass (pending major revisions): This indicates an appraisal that the student's written manuscript or oral defense contained some weakness or inadequacy (in either clinical competency or research competency). The written documents may display poor professional writing skills or sloppiness, or there may be inadequate display of knowledge or conceptual ability. There must be an adequacy of content at the deep structure level, and sufficient demonstration of competence in assessment and intervention, albeit with some weaknesses, to justify a decision of Pass Pending Revision rather than Failure. Based on feedback from the examiners, the student must complete revisions as required within 30 days of the examination. Upon successful completion of revisions, the result is Pass. If the revisions are not completed or are not satisfactory, the decision will revert to Fail.

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 Director of Clinical Training 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, pass pending revision 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. All examiners must agree on a decision of Pass with Distinction.

**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 will occur in the spring of the subsequent year. 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 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.

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**CE Procedure Checklist:**

Procedure Checklist for Students:

- File Comprehensive Exam Form with DCT after obtaining signatures from DGT and DCT.
- Pick up case for Case Analysis from DCT or administrative assistant when it is available (at least by Feb. 1)
- Submit Assessment Plan for case analysis on 3/15.
- Pick up assessment data for case analysis on 3/16.

- ❑ 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 (three, in case of retake) of the written Case Analysis, Clinical Case Presentation, taped work sample, and transcript.
- ❑ Submit the Informed Consent Form and two copies of the manuscript, work sample, and transcript to the Director of Clinical Training by May 1.
- ❑ Arrange to audiotape the oral defense on the date/time established by the DCT.
- ❑ If revisions are required, they must be completed within thirty days after the oral presentation and defense.

Procedure Checklist for the First and Second Examiners:

- ❑ Receive the CE materials from the Director of Clinical Training.
- ❑ Review the CE materials before the oral presentation and defense.
- ❑ Render an independent decision about the CE outcome and confer with the other examiner (and third examiner, in the case of a retake).
- ❑ Fill out and sign the CE Evaluation form and submit it to the DCT.
- ❑ After any required revisions are completed (to the satisfaction of all readers), then submit the CE Revision Completion Form to the DCT, documenting the final decision.

**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 (Sara Honn Qualls, Ph.D., 719-262-4151).

\_\_\_\_\_  
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

<b>Revisions acceptable:</b>	<b>Examiner 1:</b>	<b>Examiner 2:</b>	<b>Examiner 3:</b>
	Yes _____	Yes _____	Yes _____
	No _____	No _____	No _____

<b>Final CCE evaluation:</b>	<b>Examiner 1:</b>	<b>Examiner 2:</b>	
	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 # \_\_\_\_\_

I. Knowledge of Relevant Concepts:                    1      2      3      4

II. Data Collection and Clarity of Presentation:    1      2      3      4

III. Assessment:    1      2      3      4

IV. Case Conceptualization:                            1      2      3      4

V. Treatment Formulation and Implementation:    1      2      3      4

VI. Relationship Skills:                                    1      2      3      4

VII. Analysis and Self-Critique:                        1      2      3      4

VIII. Ethical and Legal Considerations:            1      2      3      4

IX. Diversity Issues:                                        1      2      3      4

X. Overall Evaluation: Pass (minor revisions)      Pass (major revisions)      Fail

Examiner 1 \_\_\_\_\_

Examiner 2 \_\_\_\_\_