Comprehensive Examination Portfolio Guidelines and Policy

Clinical Psychology Ph.D. Program with Major Area of Study in Trauma Psychology

Revised and Approved by Clinical Faculty: Trauma Area of Emphasis

January 30, 2017
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**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 scientist-practitioner model of clinical psychology.
2) Demonstrate ability to integrate and apply knowledge in clinical trauma psychology.
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.

**I. Clinical Competency Examination (CCE) (Please refer to the New Haven Competencies for Assessment & Treatment)**

A. **Assessment Case Analysis** – written analysis and oral defense of analysis of a clinical assessment case provided to the student by the DCT.

B. **Theoretically Based Case Conceptualization** – written and oral defense of Assessment Case from two different theoretical approaches. Student will offer two case conceptualizations from different theoretical foundations.

C. **Clinical Case Presentation** – written and oral defense of psychological services provided to a client by the student. A written transcript of selected portions of a session, and a thorough written analysis of treatment will be prepared by the student. Student will respond to questions after a 25 minute case presentation. Order of presentation should be:

   1) Brief history and description of client
   2) Assessment and Diagnosis
   3) Case Conceptualization
   4) Clinical Treatment Plan
   5) Analysis of Case with specific positives and negatives
   6) Self-Reflection

D. **Clinical Skills Evaluations** – clinical skills evaluations from each supervisor organized sequentially throughout the program by semester.

**II. Research Competency Examination**

A. **Research Product** – submit one of the following:
1) Research paper – Your paper can either be a review article or an empirical article that has been submitted or published in a peer-reviewed journal and that is primarily the work of the student, with the student as first author (excludes case studies).

or

2) Grant proposal submitted with student as PI.

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).

C. Randomized Clinical Trial Proposal – Student will develop a proposal to conduct a randomized clinical trial utilizing the NIMH New Innovator grant mechanism (http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-16-004.html). The proposal will be no longer than 11 pages (single spaced). The document will include the primary headings required by NIMH including: Specific Aims (1 page), Research Strategy (10 pages; significance, innovation, approach), References, etc. Please refer to the following for guidance:

https://www.nimh.nih.gov/about/organization/dsir/index.shtml
https://www.nimh.nih.gov/funding/clinical-research/index.shtml
https://clinicaltrials.gov

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 are strongly encouraged to be enrolled in or have completed PSY 6620 (Clinical Trauma Psychology) before beginning the Comprehensive Examination. 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. Charles Benight).

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.

<table>
<thead>
<tr>
<th>Spring Comps</th>
<th>Comprehensive Examination Guidelines and Policies on the Psychology Department web page will be the official guideline for that year</th>
<th><a href="http://www.uccs.edu/psych">www.uccs.edu/psych</a></th>
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### Winter Comps

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Details</th>
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<tbody>
<tr>
<td>January 20</td>
<td>Students submit intent to take the Comprehensive Examination Form on web; submit to DCT</td>
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<tr>
<td>January 20</td>
<td>Students begin work on RCT Innovation Proposal Links provided in Comps document.</td>
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<tr>
<td>February 1</td>
<td>Case available for Assessment Case Analysis portion Sent from DCT via email</td>
<td></td>
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<tr>
<td>March 15</td>
<td>Assessment/Evaluation Plan Due Submit to DCT via email</td>
<td></td>
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<tr>
<td>March 16</td>
<td>Assessment data available for Case Analysis Sent from DCT via email</td>
<td></td>
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<tr>
<td>May 1</td>
<td>Portfolio Due Submit hard copy in binders to DCT</td>
<td></td>
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<tr>
<td>May 1</td>
<td>Faculty committee (consisting of 2 faculty members) assigned by DCT via email</td>
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<tr>
<td>Monday before graduation</td>
<td>Oral Defense of Portfolio – scheduled on the Monday prior to graduation (2 hours per exam; including 25 minute presentation, 45-60 minute Q&amp;A, 30-45 minute examiner discussion)</td>
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### Summer Comps

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<tr>
<td>June 1</td>
<td>Comprehensive Examination Guidelines and Policies on the Psychology Department web page will be the official guideline for that year. <a href="http://www.uccs.edu/psych">www.uccs.edu/psych</a></td>
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<tr>
<td>June 1</td>
<td>Students submit intent to take exam Form on web; submit to DCT</td>
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<tr>
<td>June 1</td>
<td>Students begin work on RCT Innovation Proposal Links provided in Comps document.</td>
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<tr>
<td>June 15</td>
<td>Case available for Assessment Case Analysis portion Sent from DCT via email</td>
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<tr>
<td>August 1</td>
<td>Assessment/Evaluation Plan Due Submit to DCT via email</td>
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<tr>
<td>August 2</td>
<td>Assessment data available for Case Analysis Sent from DCT via email</td>
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<tr>
<td>September 15</td>
<td>Portfolio Due Submit hard copy in binders to DCT</td>
<td></td>
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<tr>
<td>October 1</td>
<td>Faculty committee (consisting of 2 faculty members) assigned by DCT via email</td>
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<tr>
<td>Monday in second week in October</td>
<td>Oral Defense of Portfolio – scheduled on second Monday in October (2 hours per exam; including 25 minute presentation, 30-45 minute Q&amp;A, 30-45 minute examiner discussion)</td>
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### Fall Comps

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<th>Date</th>
<th>Event</th>
<th>Details</th>
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<tr>
<td>August 1</td>
<td>Comprehensive Examination Guidelines and Policies on the Psychology <a href="http://www.uccs.edu/psych">www.uccs.edu/psych</a></td>
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</table>
Department web page will be the official guideline for that year.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
<th>Notes/Location</th>
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<tbody>
<tr>
<td>August 20</td>
<td>Students submit intent to take exam</td>
<td>Form on web; submit to DCT</td>
</tr>
<tr>
<td>August 20</td>
<td>Students begin work on RCT Innovation Proposal</td>
<td>Links provided in Comps document.</td>
</tr>
<tr>
<td>September 1</td>
<td>Case available for Assessment Case Analysis portion</td>
<td>Sent from DCT via email</td>
</tr>
<tr>
<td>October 15</td>
<td>Assessment/Evaluation Plan Due</td>
<td>Submit to DCT via email</td>
</tr>
<tr>
<td>October 16</td>
<td>Assessment data available for Case Analysis</td>
<td>Sent from DCT via email</td>
</tr>
<tr>
<td>December 1</td>
<td>Portfolio Due along with Content Questions Portion</td>
<td>Submit hard copy in binders to DCT</td>
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<tr>
<td>December 1</td>
<td>Faculty committee (consisting of 2 faculty members) assigned by DCT via email</td>
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<tr>
<td>Monday after semester ends (date may vary according to holidays)</td>
<td>Oral Defense of Portfolio – scheduled on the Monday after the semester ends (2 hours per exam; including 25 minute presentation, 30-45 minute Q&amp;A, 30-45 minute examiner discussion)</td>
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**General Guidelines**

1. The Comprehensive Examination is presented by the student to the faculty committee in a portfolio format, contained in a 3 ring binder. Three binders total are needed (one for each committee member and one for the DCT).

2. The student is expected to complete the Comprehensive Examination as independently as possible although consultation is permitted with committee members, other faculty members, and peers who have already completed the Comprehensive Examination. Identifying critical resources is considered a piece of the Comprehensive Examination. We expect students to work in an iterative fashion with their consultants to achieve the highest quality product, but students should not expect to be given the “answer.” Instead, consultants will work with the student to think in a more comprehensive, integrative, and deep manner. Regardless of consultations, the final product must reflect the student’s own work and presentation. All editing of written materials is the student’s responsibility. Students may also seek assistance relating to technical aspects of transcription, as well as consultation with the DCT regarding the requirements or mechanisms for meeting requirements. **Please be sure to safeguard confidentiality throughout the process.**

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, and page layout).

4. Clinic guidelines must be followed in obtaining video recordings 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 below). If you have questions about this please consult with clinical supervisor and the DCT.

5. Students must complete the Comprehensive Examination prior to admission to candidacy for the Ph.D. degree. As such, students typically do 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. Psychology Assessment Case Analysis

The faculty will provide an assessment case (see deadlines above) that contains several key themes we have established for the program (e.g., cultural diversity, ethics, social, psychological, neurobiological factors, lifespan and family development. The written analysis and oral defense of the analysis includes: a) formulation of an assessment plan and b) diagnostic and clinical formulation utilizing two different theoretical frameworks in response to assessment data (the data will be provided to the student according to the timeline provided above). The diagnostic and clinical formulation should include relevant treatment recommendations. Thus, the assessment case analysis includes two segments:

- **Formulation of an Assessment/Evaluation Plan** (e.g., how would you evaluate the client provided in the Psychology Case Analysis). This document is **5-7 double-spaced pages maximum**. This may be in outline form. DUE 3/15 for Spring; DUE 9/1 for Summer; DUE 10/15 for Fall (submit plan to DCT via email and include copies in your binders)
  i. Rationale for the assessment/evaluation plan chosen (e.g., state your reasons for 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)

- **Assessment Report** that includes diagnostic and clinical formulation using assessment data presented from DCT (data presented 3/16 for Spring; 9/2 for Summer; 10/16 for Fall) (6-12 double-spaced pages maximum) from two different theoretical frameworks (e.g., CBT and Interpersonal Dynamic Therapy). The following structure is provided as a general template only. Please feel free to modify the structure of the report based on your training:

  Assessment Report Structure
We recognize and appreciate that students in our program experience some variety in the ways in which they are trained to conduct psychological assessments and complete written reports. As such, we leave it up to the student to determine the formal structure of the Assessment Report. That being said, we expect that the content of your report is written in your own words rather than being copied and pasted from a report template. The point here is for us to evaluate your original thinking and writing and for you to avoid any semblance of plagiarism.

An example of an Assessment Report structure is provided below, but the student should feel free to modify the structure according to the student’s training experiences.

Example 1
Background Information
Presenting Problem
Brief Psychosocial History and Context
Medical History
Behavioral Observations/Mental Status Exam
Test Results
  Cognitive Functioning
  Personality and Emotional Functioning
Summary of Test Results
Diagnosis and Diagnostic Formulation
Clinical Formulation
  Contributing and Sustaining Factors Related to Client’s Area of Difficulty
  Prognosis and Prediction of Impact of Treatment
Treatment Recommendations
  Goals and Strategies

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 selected sections of a session, and a written analysis of the assessment and treatment process. Specific guidelines for the presentation are presented in the sections that follow. Typically the case chosen is a psychotherapy case from the UCCS VHTC and will be identified by your supervisor during the semester you will complete your comps. However, in rare situations a case from other training settings may be appropriate, and the student should consult with the DCT to discuss this further.

You will be evaluated based on the tenets of the New Haven Competencies. These include:

1. Demonstrate understanding and ability to tailor assessment and interventions to account for developmental lifespan factors at time(s) and duration of trauma as well as time of contact.
2. Demonstrate the ability to understand, assess, and tailor interventions and assessments that address the complexities of trauma-related exposure, including any resultant long- and short-term effects (e.g.,
comorbidities, housing-related issues, etc.), and person–environment interactions (e.g., running away from home and being assaulted).

3. Demonstrate the ability to appropriately appreciate, assess, and incorporate trauma survivors’ strengths, resilience, and potential for growth in all domains. Facilitate shared decision making whenever appropriate.

4. Demonstrate understanding about how trauma impacts a survivor’s and organization’s sense of safety and trust. Apply the professional demeanor, attitude, and behavior necessary to enhance the survivor’s and organization’s sense of physical and psychological safety. This includes respecting the autonomy of those exposed to trauma but also protecting survivors as appropriate.

5. Demonstrate the ability to recognize the practitioners’: (1) capacity for self-reflection and tolerance for intense affect and content, (2) ethical responsibility for self-care, and (3) self-awareness of how one’s own history, values, and vulnerabilities impact trauma treatment deliveries.

6. Demonstrate ability to critically evaluate and apply up-to-date existing science on research-supported therapies and assessment strategies for trauma related disorders/difficulties.

7. Demonstrate the ability to understand and appreciate the value and purpose of the various professional and paraprofessional responders in trauma work and work collaboratively and cross systems to enhance positive outcomes.

**Preparation**

**Selection of the client:** The “client” will be an adult client with trauma as his/her primary focus in therapy. Your client will be selected by your supervisor to reflect a rich case that provides ample material for you to conceptualize and present. 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 one of the student’s official practicum sites (e.g., UCCS VHTC, Veterans Administration, Peak Vista Nurse Fellowship Clinic, Fort Carson).

**Transcript:** The student shall provide a transcript of a session that is jointly chosen by the student and his/her supervisor that reflects the student’s competence in providing theoretically sound evidence based treatment.

Supervisors will choose the student’s clinical comps case on March 1 (Spring)/August 1 (Summer)/October 1 (Fall). The student will have at least a month of sessions to record and transcribe an appropriate session for the comps committee’s review. The student should test the equipment and the quality of recordings before recording so that audible recordings can be assured. It is advisable to keep several good recorded sessions handy until you select the session you are going to submit for this portion of the exam. Please discuss any problems with recording clients with your clinical supervisor and/or the DCT.

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 discuss and analyze a case as independently as possible, utilizing appropriate consultations as described above. Similarly, students may have presented the particular case in classes or staff meetings, but they should not have presented the particular chosen session.

When the sections of the recording 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. The transcript should be proofread against the recording 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 final binders are submitted but ensure the form is separated to protect confidentiality. 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 Clinical Formulation:** The student should establish, in discussion with her or his practicum supervisor(s), the theoretical orientation(s) she or he will follow with the chosen client. Overall, we expect students to formulate the case using a *biopsychosocial model*. For the psychological component of the biopsychosocial formulation, the student does not need to rigidly adhere to one specific model and may include several different models as part of the formulation. The student should describe the psychological formulations that were used for the case rather than trying to retroactively construct a theoretical framework for the case. If a student chooses to use an integrative approach, then it is the student’s responsibility, in consultation with the student’s supervisor, to specify the components of the specific models inherent in that integrative approach. Whatever orientations or approaches are selected, it is important that the conceptual formulation, treatment plan, intervention, and outcome assessment be consistent, and that major deviations from the theoretical orientations 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 25-32 (double-spaced) pages in length, excluding references, transcript, and any other supporting information.

**NOTE:** Include the following sections, in order, without adding or removing sections in the manuscript.

**Description of the Client:**

1. **Identifying Information:** Age, gender, occupation, race, religion, relationship 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 psychological and relevant medical diagnostic 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. This section should provide the reader with a clear image of what the client is like “in the room.”

4. **History of the Problem and Precipitating Factors**: Describe the precipitating 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 (including family and lifespan), cognitive, behavioral, affective, and biomedical (including medications, illnesses, and overall health functioning) 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. Descriptions of the cultural, racial, ethnic, or other diversity background information of the client should be presented.

Analysis:

1. **Diagnostic Formulation**: Provide a current, full DSM-5 diagnosis. 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 the theoretical orientation(s) or other conceptual formulation(s) that you have selected to analyze the case, as per the instructions presented above. Explain how the client developed the problems identified according to the theoretical orientation. Integrate the client’s history with the theoretical orientation you have selected to support your explanation. Include information about cultural, ethnic, or other aspects of diversity that impacts 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 the theoretical orientation(s) to address the identified problems and assist the client in making progress towards the identified goals. Please also describe the outcome measures that you utilized.

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. Be sure to highlight clinical challenges you experienced and how you addressed them.

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 recorded work sample represents your work in treatment of this client. Identify the therapeutic interventions consistent with the theoretical orientation in this session.

6. **Select three sets of brief interactions from the single recorded 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:** Given the assumption that it takes a lifetime to develop clinical skill, 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. Understanding the developmental process of becoming a psychotherapist, analyze how you might handle the case differently now and identify the most critical challenges you face in becoming an ethical and competent psychotherapist.

8. Address how this case illustrates the **four core themes** of this program:
   - 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.
   - Developmental: Describe how the lifespan and family development context influenced development of presenting problem, adaptation, and treatment process.
• Biological/physiological/health functioning: Describe the role of medical and physical health issues in the presenting problem, adaptation, and treatment process.
• Cultural diversity: Summarize how these factors affected development of the presenting problem and development of functional adjustment and treatment process.

9. **Consultation process**: Describe the consultation process that you used for the Comprehensive Examination, including your rationale for consulting, the people with whom you consulted, and the impact of the consultations. Limit this section to 2 pages.

**D. Clinical Skill Evaluations**

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

The Clinical Competency Examination is for the purpose of determining students’ competency in clinical assessment and psychotherapy. The submitted materials will be rated by the Evaluators based on the rubric found at the end of this document.

**II. Research Competency Examination**

The research exam portion of the portfolio includes two research products and an 11 page “grant” proposal that demonstrates the student’s competency to conceptualize and design an innovative randomized intervention trial using NIMH guidelines. For the two products, 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** – Your paper can either be a review article or an empirical article that has been submitted or published in a peer-reviewed journal and that is primarily the work of the student (excludes case studies). Documentation of the publication or submission to publish is required, along with a copy of the manuscript.
- **Grant proposal** – Minimum 5+ page empirical research proposal, written and submitted by student for student’s work (e.g., dissertation). Seek DCT approval if choosing this option and submit the grant criteria to the DCT.

**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, for example, in the *Trauma Health & Hazards Center Newsletter, ISTSS Stress Points*).
- 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.

**C. Primary Scientific Knowledge in Clinical Trauma Psychology**

**Randomized Clinical Trial Proposal** – Student will develop a proposal to conduct a randomized clinical trial utilizing the NIMH New Innovator grant mechanism ([http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-16-004.html](http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-16-004.html)). The proposal will be no longer than 11 pages (single spaced). The document will include the primary headings required by NIMH including: Specific Aims (1 page), Research Strategy (10 pages; significance, innovation, approach), References, etc. Please refer to the following for guidance:

- [https://www.nimh.nih.gov/about/organization/dsir/index.shtml](https://www.nimh.nih.gov/about/organization/dsir/index.shtml)
- [clinicaltrials.gov](https://clinicaltrials.gov)

The Research Competency Examination is for the purpose of determining students’ competency to demonstrate critical and innovative thinking, ability to evaluate a research literature, develop strong clinical hypotheses, utilize sound research design methods, understand importance of psychometric foundation for measurement, use of contemporary statistical methods, and write clearly and concisely.

For the Research Competence, the submitted materials will be rated by the Evaluators as 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 recordings, and three transcripts must be submitted to the DCT by the deadline for the semester in which the oral CE defense will be scheduled (Spring deadline is May 1<sup>st</sup>, Fall deadline is December 1<sup>st</sup>). The materials are to be presented neatly in well-organized binders clearly marked with dividers between the key components. The original Informed Consent form must be submitted to the DCT by the same time and date but should not be included in the binder.
Please make sure to meet all of the stated deadlines. Failure to do so will result in the postponement of your CE to the following semester.

**Oral Presentation and Defense:**

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 Summer, the defense is held in 2nd Monday in October. For Fall, the defense is held on the Monday immediately following finals week; however, the date may change according to holiday schedules).

The student should allow 2 hours for the exam, with approximately 25 minutes of presentation of the Clinical Case presentation portion of the exam, 45-60 minutes of question/answer regarding all portions of the exam, and 30-45 minutes of faculty deliberation and feedback.

The first and second reader on the CE committee will be assigned to the student by the DCT at the time the Comprehensive Examination 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 DCT will give copies of the CE materials (manuscript, , and transcript) to both examiners. The student is responsible for bringing a digital recorder to record the oral presentation and defense. The audio recording of the oral presentation and defense is used to resolve disputes, such as a “split decision” by the two examiners. When there is no dispute, the recording 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 recording of the exam, the document, transcript, and recorded work sample to give to a third examiner whom the DCT shall appoint.

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

- The student will have **25** minutes to present the Clinical Case Presentation section of the exam. 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 25 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.
Following the presentation, there will be 45-60 minutes available for questions and answers. Questions may be asked about any of the written materials, including the Psychology Assessment Case Analysis, and the Clinical Case Presentation. The two examiners will assess 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 specific 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 complete the rubric, and will bring the student back to the room to inform her or him of their decision. The student must pass both of the 2 segments (Psychological Assessment Case Analysis; Clinical Case Presentation) for an overall PASS for this clinical component of the CE.

**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, and listen to the recording 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 clinical program at UCCS.

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. Assignment of the new committee will be done with consultation with the student but will be at the discretion of the DCT. In some cases, the committee will remain unchanged and in other cases, new faculty members will be assigned to the committee. In any case, all examiners must be core faculty members. In a second attempt, the student should provide four copies of all materials to the DCT instead of three 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 and provide to the DCT a request for appeal in writing. Any appeal will be evaluated by the Clinical Program Committee.

**********************************************************************
**CE Procedure Checklists:**

**Procedure Checklist for Students:**
- File Comprehensive Examination Intent Form with DCT (the form is available on the program website) so that the DCT and Director of the Trauma PhD study emphasis can sign the form.
- Receive Case Analysis via email from the DCT when it is available (see deadlines above).
- Submit Assessment Plan via email for case analysis by the deadline.
- Receive assessment data via email for case analysis by the deadline.
- Select a case and a sample audio- or video-recorded session. Obtain informed consent from the client.
- Transcribe assigned portions of the recording.
- Prepare three copies of the written Case Analysis, Clinical Case Presentation, recorded work sample, transcript, and research products.
- 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 audio-record 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) and each reader should complete the CE Evaluation form.
- 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 immediately 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 immediately 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 Colorado Springs
Informed Consent

Your psychotherapist or counselor is a doctoral student at University of Colorado 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 Colorado Springs (Chip Benight, Ph.D., 719-255-4180).

________________________________________ __________________________
Printed Name of Client     Date

Signature of Client

________________________________________ _____________________________
Printed Name of Student Clinician   Signature of Student Clinician
University of Colorado Colorado Springs

Comprehensive Examination Evaluation Rubric

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 5 scale using the following anchors:

<table>
<thead>
<tr>
<th>SCORING RUBRIC FOR CLINICAL COMPREHENSIVE EXAM, CLINICAL PORTION</th>
<th>1=Deficient Missing</th>
<th>2=Weak</th>
<th>3 = Adequate (Competent)</th>
<th>4 = Strong (Above Average)</th>
<th>5 = Outstanding</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Definition of Standards</td>
<td>Missing substantial coverage of relevant concepts, or inaccurate description of concepts.</td>
<td>Missing some relevant concepts, or inadequately describe some concepts (as opposed to inaccurately), with minimal integration.</td>
<td>Most relevant concepts addressed with mostly accurate description and adequate integration.</td>
<td>Most relevant concepts addressed with accurate description and considerable integration.</td>
<td>Exceptional presentation of all relevant concepts addressed with accurate description and insightful integration.</td>
</tr>
</tbody>
</table>

PART A: Assessment Case Analysis

A1. Knowledge of Relevant Concepts:

<p>| Student integrates appropriate concepts from the major content areas of psychology – personality, biological, cognitive, affective, developmental, social and cultural. | Content from some areas described, not integrated. | Content from many areas described but little integration; or content missing from areas although integrated. | Content from major areas adequately described and integrated. | Content from major areas thoroughly described and integrated. | Content from major areas described and integrated. exceptionally well. |</p>
<table>
<thead>
<tr>
<th>A2. Data Collection and Clarity of Presentation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student provides a thorough history and qualitative description of the client in the case presentation.</strong></td>
<td><strong>History and description have several missing pieces.</strong></td>
</tr>
<tr>
<td><strong>Student provides a clear description of the assessment process.</strong></td>
<td><strong>Several pieces are missing.</strong></td>
</tr>
<tr>
<td><strong>The report is essentially free of grammatical and typographical errors, demonstrating the ability to communicate using appropriate professional writing.</strong></td>
<td><strong>Report has pervasive problems and does not meet professional standards.</strong></td>
</tr>
<tr>
<td><strong>Student responses to questions in the oral presentation and defense are clear, articulate, and demonstrate appropriate and professional communication skills.</strong></td>
<td><strong>Presentation is unprofessional, with vague or inarticulate descriptions, defensiveness, or excessive anxiety.</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A3. Assessment:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student has made a careful analysis of clients’ symptoms and problems.</strong></td>
<td><strong>Analysis is missing key components.</strong></td>
</tr>
<tr>
<td><strong>Student has considered appropriate diagnostic hypotheses.</strong></td>
<td><strong>Diagnostic analysis very weak or missing.</strong></td>
</tr>
<tr>
<td><strong>Student has made appropriate diagnosis and supported the assessment.</strong></td>
<td><strong>Diagnosis is inaccurate or lacks any supportive analysis.</strong></td>
</tr>
<tr>
<td><strong>Rationale and plan for assessment is appropriate to address issues in case analysis.</strong></td>
<td><strong>Assessment plan has no conceptual relationship with the case.</strong></td>
</tr>
</tbody>
</table>
### A4. Ethical and Legal Considerations:

<table>
<thead>
<tr>
<th>Student demonstrates knowledge of relevant ethical guidelines.</th>
<th>Content displays minimal attention to relevant ethical guidelines.</th>
<th>Incomplete attention to relevant ethical guidelines.</th>
<th>Adequate attention to most relevant ethical guidelines.</th>
<th>Strong attention to almost all relevant ethical guidelines.</th>
<th>Thorough attention to all relevant ethical guidelines, including subtle issues that reflect deep analysis.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student analyzes implications of possible ethical dilemmas.</td>
<td>Content displays minimal attention to relevant ethical implications.</td>
<td>Incomplete attention to relevant ethical implications.</td>
<td>Adequate attention to most relevant ethical implications.</td>
<td>Strong attention to almost all relevant ethical implications.</td>
<td>Thorough attention to key and subtle relevant ethical implications, including subtle issues that reflect deep analysis.</td>
</tr>
</tbody>
</table>

### A5. Diversity Issues:

<table>
<thead>
<tr>
<th>Student demonstrates knowledge and awareness of possible individual differences or cultural diversity factors relevant to assessment and treatment of this case.</th>
<th>Content displays minimal attention to relevant diversity issues.</th>
<th>Some important areas of diversity issues are missing OR not linked to the case.</th>
<th>Most important areas are covered and adequately linked to case.</th>
<th>Key relevant diversity issues are identified and linked well to case.</th>
<th>Key and subtle diversity issues identified and insightfully linked to case.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student demonstrates attitudes of sensitivity and respect for differences related to cultural diversity.</td>
<td>Displays insensitivity to, or lack of respect for, relevant diversity issues.</td>
<td>Displays minimal sensitivity OR inconsistent respect for relevant diversity issues.</td>
<td>Displays adequate sensitivity and respect for cultural diversity.</td>
<td>Displays strong sensitivity and respect for cultural diversity throughout presentation.</td>
<td>Displays exceptional sensitivity and respect for cultural diversity throughout presentation.</td>
</tr>
</tbody>
</table>

### PART B: Clinical Case Presentation

#### B1. Knowledge of Relevant Concepts:

<table>
<thead>
<tr>
<th>Student integrates appropriate concepts from the major content areas of psychology – personality, biological, cognitive, affective, developmental, social and cultural.</th>
<th>Basic science content not described or integrated.</th>
<th>Content from some areas described, not integrated.</th>
<th>Content from major areas adequately described and integrated.</th>
<th>Content from major areas strongly described and integrated.</th>
<th>Content from major areas described and integrated exceptionally well.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student demonstrates knowledge of psychopathology, theoretical orientation used, and treatment strategies.</td>
<td>Student demonstrates notably incomplete knowledge.</td>
<td>Student demonstrates incomplete knowledge in at least one area.</td>
<td>Student demonstrates adequate knowledge across all areas.</td>
<td>Student demonstrates thorough but not outstanding knowledge across all areas.</td>
<td>Student demonstrates an outstanding level of knowledge across all areas.</td>
</tr>
</tbody>
</table>

#### B2. Data Collection and Clarity of Presentation:

<p>| Student provides a thorough history and qualitative description of the client in the case presentation. | History and description have several missing pieces. | History and description have a few missing pieces. | History and description are adequate. | History and description are thorough. | History and description are complete and thorough and presented. |</p>
<table>
<thead>
<tr>
<th>B3. Assessment:</th>
<th>Analysis is missing key components.</th>
<th>Analysis includes most components.</th>
<th>Analysis is adequate.</th>
<th>Analysis is thorough.</th>
<th>Analysis is thorough, complete, and insightful.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student has made a careful analysis of clients’ symptoms and problems.</td>
<td>Diagnostic analysis very weak or missing.</td>
<td>Limited diagnostic options were considered or without adequate analysis.</td>
<td>Most relevant diagnostic options considered and adequate analysis.</td>
<td>Key diagnostic considerations were all presented, with analysis.</td>
<td>Key diagnostic considerations along with secondary possibilities were all presented, with thorough analysis.</td>
</tr>
<tr>
<td>Student has considered appropriate diagnostic hypotheses.</td>
<td>Diagnosis is inaccurate or lacks any supportive analysis.</td>
<td>Diagnostic argument is lacking, and/or diagnosis is questionable.</td>
<td>Diagnosis is reasonable, and/or analysis is adequate.</td>
<td>Diagnostic analysis is well supported and conclusion is accurate.</td>
<td></td>
</tr>
<tr>
<td>Student has made appropriate diagnosis and supported the assessment.</td>
<td>Description or use of BSP model and/or theory is poor.</td>
<td>Description or use of BSP model and/or theory is weak and/or contains significant omissions.</td>
<td>Description or use of BSP and/or theory is adequate.</td>
<td>Description or use of BSP model and/or theory is exceptional, with insightful understanding.</td>
<td></td>
</tr>
<tr>
<td>B4. Case Conceptualization:</td>
<td>History and problem description are not linked to model.</td>
<td>History and problem description are only partially linked to model in a way that</td>
<td>History and problem description are adequately linked to model and contributes</td>
<td>History and problem description are thoroughly linked to model and contributes</td>
<td></td>
</tr>
<tr>
<td>Student demonstrates knowledge of the biopsychosocial (BSP) model and the theoretical orientation the student is utilizing.</td>
<td>Description or use of BSP model and/or theory is poor.</td>
<td>Description or use of BSP model and/or theory is weak and/or contains significant omissions.</td>
<td>Description or use of BSP and/or theory is adequate.</td>
<td>Description or use of BSP model and/or theory is exceptional, with insightful understanding.</td>
<td></td>
</tr>
<tr>
<td>Student explains development of the client’s problem(s) according to the BPS model</td>
<td>Client problem description is not linked to model.</td>
<td>Client problem description is only partially linked to model, and offers little insight into the case.</td>
<td>Client problem description is adequately linked to model.</td>
<td>Client problem description is thoroughly linked to model.</td>
<td>Client problem description is enriched by linkage to model.</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
<td>---</td>
</tr>
</tbody>
</table>

**B5. Treatment Formulation and Implementation:**

<table>
<thead>
<tr>
<th>Student develops and presents a plan for treatment that follows logically and consistently from the case conceptualization.</th>
<th>Treatment plan is not linked with case conceptualization.</th>
<th>Treatment plan is minimally linked with case conceptualization.</th>
<th>Treatment plan is adequately linked with case conceptualization</th>
<th>Treatment plan is thoroughly linked with case conceptualization</th>
<th>Treatment plan flows directly from case conceptualization and exceptional clinical analysis.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student’s interventions are consistent with conceptualization and skillfully implemented.</th>
<th>Interventions are not linked with conceptualization AND are not skillfully implemented.</th>
<th>Interventions are EITHER not linked with conceptualization or not skillfully implemented.</th>
<th>Interventions are adequately linked with conceptualization and are skillfully implemented.</th>
<th>Interventions are linked with conceptualization, and are skillfully implemented.</th>
<th>Interventions are enriched by case conceptualization, and are skillfully implemented.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Work sample demonstrates skill in interventions described in the manuscript.</th>
<th>Work sample is not well linked to interventions described in MS.</th>
<th>Work sample is only partially linked to interventions described in MS.</th>
<th>Work sample adequately links with interventions described in MS.</th>
<th>Work sample thoroughly links with interventions described in MS.</th>
<th>Work sample is an ideal illustration of the interventions described in the MS.</th>
</tr>
</thead>
</table>

**B6. Relationship Skills:**

<table>
<thead>
<tr>
<th>Student establishes and maintains rapport with the client.</th>
<th>Student has poor rapport with client.</th>
<th>Student occasionally breaks rapport with client.</th>
<th>Student maintains adequate rapport with client.</th>
<th>Student maintains a strong rapport with client.</th>
<th>Student maintains exceptional rapport with client.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Student describes adequate consideration of development of relationship in treatment, including working alliance and termination issues.</th>
<th>Key aspects of the relationship are not analyzed OR no linkage is made to therapy process.</th>
<th>Either key aspects of relationship are not addressed in analysis OR the linkage with the therapy process is minimal.</th>
<th>Key aspects of relationship are adequately analyzed and linked with the therapy process.</th>
<th>The relationship is well analyzed in ways that add insight into therapy process.</th>
<th>The relationship is well analyzed in ways that add insight into therapy process.</th>
</tr>
</thead>
</table>

| Student demonstrates an awareness of relationship patterns impacting upon treatment and manages them appropriately | Awareness of relationship patterns is missing OR are not managed. | Awareness of relationship patterns misses key pieces OR therapist only intermittently manages relationship patterns. | Awareness of relationship pattern is evident and student responds adequately. | Awareness of relationship patterns is evident and student has managed them well. | Student is highly aware of relationship patterns and manages them with insight and skill. |
### B7. Analysis and Self-Critique:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Level Example 1</th>
<th>Level Example 2</th>
<th>Level Example 3</th>
<th>Level Example 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student integrates relevant themes and important information used over the course of treatment.</td>
<td>Key themes and information are NOT addressed or minimally described and not used in case analysis.</td>
<td>Some key themes and information are missing OR not integrated into case analysis.</td>
<td>Key themes and information are included and adequately linked to case.</td>
<td>Key themes and information are included and thoroughly linked to case.</td>
</tr>
<tr>
<td>Student monitored effectiveness of treatment by evaluating outcome, and adjusted treatment according to progress.</td>
<td>No evaluation of outcomes used during treatment.</td>
<td>Weak evaluation procedures used, or no use of evaluations to adjust treatment.</td>
<td>Adequate evaluation performed and used to adjust treatment.</td>
<td>Thorough evaluation performed and used to adjust treatment.</td>
</tr>
</tbody>
</table>

### B8. Ethical and Legal Considerations:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Level Example 1</th>
<th>Level Example 2</th>
<th>Level Example 3</th>
<th>Level Example 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student demonstrates knowledge of relevant ethical guidelines.</td>
<td>Content displays minimal attention to relevant ethical guidelines.</td>
<td>Incomplete attention to relevant ethical guidelines.</td>
<td>Adequate attention to most relevant ethical guidelines.</td>
<td>Attention to key relevant ethical guidelines.</td>
</tr>
<tr>
<td>Student analyzes implications of possible ethical dilemmas.</td>
<td>Content displays minimal attention to relevant ethical implications.</td>
<td>Incomplete attention to relevant ethical implications.</td>
<td>Adequate attention to most relevant ethical implications.</td>
<td>Attention to key relevant ethical implications.</td>
</tr>
</tbody>
</table>

### B9. Diversity Issues:

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Level Example 1</th>
<th>Level Example 2</th>
<th>Level Example 3</th>
<th>Level Example 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student demonstrates knowledge and awareness of possible individual differences or cultural diversity factors relevant to assessment and treatment of this case.</td>
<td>Content displays minimal attention to relevant diversity issues.</td>
<td>Some important areas of diversity issues are missing OR not linked to the case.</td>
<td>Most important areas are covered and adequately linked to case.</td>
<td>Key relevant diversity issues are identified and thoroughly linked well to case.</td>
</tr>
<tr>
<td>Student demonstrates attitudes of sensitivity and respect for differences related to cultural diversity.</td>
<td>Displays insensitivity to, or lack of respect for, relevant diversity issues.</td>
<td>Displays minimal sensitivity OR inconsistent respect for relevant diversity issues.</td>
<td>Displays adequate sensitivity and respect for cultural diversity.</td>
<td>Displays strong sensitivity and respect for cultural diversity throughout presentation.</td>
</tr>
</tbody>
</table>

### PART C: NIMH Grant Proposal Research Competence

<table>
<thead>
<tr>
<th>Competence</th>
<th>Level Example 1</th>
<th>Level Example 2</th>
<th>Level Example 3</th>
<th>Level Example 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student utilizes appropriate concepts demonstrating</td>
<td>Poor literature review</td>
<td>Some research methods</td>
<td>Adequate literature</td>
<td>In-depth literature</td>
</tr>
</tbody>
</table>
in-depth knowledge of research methodology generally and trauma research specifically for innovative RCT proposal.

described, but limited integration of literature and minimal application of RCT methodology to test stated hypotheses.
review with critique of the existing evidence. Clearly stated hypotheses with appropriate research methods and statistical approach.
review with solid critique of strengths and weaknesses of literature. Demonstration of innovative thinking with intervention. Good use of research methodology to test hypotheses and appropriate statistical approach.
existing literature with clear demonstration of deep analysis of the strengths and weaknesses of the evidence. Very innovative approach to the intervention proposed. Outstanding use of research methods to test hypotheses and sophisticated knowledge of statistical approach.

<table>
<thead>
<tr>
<th>D. Overall Evaluation:</th>
<th>Feedback regarding overall quality of the manuscripts, case material, oral presentation, grant proposal and defense.</th>
<th>Student needs remedial work.</th>
<th>Student needs feedback on specific areas of weakness.</th>
<th>Student’s work is adequate for this level of training.</th>
<th>Student’s work is thorough for this level of training.</th>
<th>Student’s work is exceptional for this level of training.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suggestions to improve the clinical report and enhance the student’s assessment and treatment skills.</td>
<td>Specific recommendations need to be made to student for remedial work.</td>
<td>Specific suggestions need to be provided to strengthen specific areas of weakness.</td>
<td>Suggestions can be provided for focusing next steps in training and development.</td>
<td>Minimal suggestions can be made.</td>
<td>Minimal suggestions can be made. Celebrate exceptional accomplishment.</td>
<td></td>
</tr>
<tr>
<td>Suggestions to improve the grant proposal.</td>
<td>Specific recommendations need to be made to student for remedial work to increase understanding of scholarly review skills, research methodology, and/or statistical concepts.</td>
<td>Specific suggestions need to be provided to strengthen specific areas of weakness.</td>
<td>Suggestions can be provided for focusing next steps in training and development.</td>
<td>Minimal suggestions can be made.</td>
<td>Minimal suggestions can be made. Celebrate exceptional accomplishment.</td>
<td></td>
</tr>
</tbody>
</table>
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

___________________
Date

Note. Each examiner completes this form independently. Aggregate ratings and comments are then compiled by the Chair of the committee. Both committee members must sign the aggregate rating form. Copies of this form should be provided to the student (within 30 days of the oral defense date) and to the DCT so the form can be placed in the students notebook.

Important timeline information: Written feedback (i.e., a copy of this signed form) should be presented to the student within 30 days of the oral defense date. Once the written feedback is provided to the student, the Chair of the committee will oversee the revisions process which should be completed within 30 days of the written feedback. Please notify the DCT once the student has successfully completed the requested revisions.
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:_____________________

Revisions acceptable: Examiners 1: Yes_________ Yes_______ Yes_________.
Examiners 2: Yes_______ No_______ No_______
Examiners 3: Yes_______ No_______ No_______


Examiners 1: Fail_______ Examiners 2: Fail_______ Examiners 3: Fail_______

____________________________  ____________________________
Signature Examiner 1    Signature Examiner 2

____________________________  ____________________________
Signature Examiner 3    Date

Please submit this form to DCT upon completion.