

Clinical Qualifying Examination Guidelines

Doctoral Program in Clinical Psychology

Department of Psychology

Central Michigan University

Revised for Spring Semester 2008

CLINICAL QUALIFYING EXAMINATION GUIDELINES

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I. Intent

The clinical qualifying exam takes place during the spring semester of the third year of study and evaluates competence in the traditional areas of assessment and intervention. The overall expectation is that students demonstrate an integration of their didactic and applied training. The examination requires the written presentation and oral defense of an assessment and a treatment case. The assessment and treatment components can be based on a single case or each component can be based on a different case. Passing this exam allows students to enroll in their final year of practicum and serves to admit students to doctoral candidacy.

II. Deadlines and Arrangements

This year Stuart Quirk is coordinating the Clinical Qualifying Examination. The Coordinator will hold a meeting in January to describe the procedures and to answer any questions. The written portion of the exam is due by **February 15**. Material submitted after that may not be considered. The written materials should avoid mentioning any personally identifying client information. The student must submit three copies of the written component of the examination (described below) to the Clinical Qualifying Examination Coordinator. An examining committee of three clinical faculty review the written submission and conduct the oral defense. The committee typically includes the current and past practicum instructors, as well as a randomly selected clinical faculty member. The current practicum instructor typically serves as chair of the committee. Students have the option to request a replacement of one committee member. This option should only be exercised after serious consideration. A formal letter describing the request for a change in the committee must be submitted to the Director of Clinical Training and the vetoed faculty member. A meeting between the Director of Clinical

Training, the vetoed faculty member, and the student will follow. The Director of Clinical Training then informs the Clinical Examination Coordinator about any necessary committee changes.

The oral defense typically lasts for two hours (i.e., 50 minutes for the assessment component, 50 minutes for the intervention component, and 20 minutes for closed committee deliberations) and is to be scheduled within two weeks after the written component of the examination is submitted. Each student typically works closely with their current practicum supervisor (who typically chair students in their practicum) to develop a format for their formal presentation. The chair may be a faculty member other than the current practicum instructor in situations when an instructor has multiple current students preparing to sit for qualifying exams. Such decisions are made to equate workload across faculty and are made by the faculty member coordinating the exam schedule. Students are responsible for coordinating the time and date of their oral defense.

Students can audiotape/videotape their oral defense and the subsequent feedback session. Audiotaping/videotaping is not allowed during the committee's deliberation. Copies of all tapes should be stored with the clinical psychology program secretary and destroyed after the candidate completes any required remedial work. The final version of the written component is filed with the Clinical Psychology Secretary by the end of the semester wherein the student defends. The final version must contain a title page signed by the committee members.

III. Format for the Assessment Component

The assessment component should be a comprehensive psychological evaluation; the style and organization is the student's choice but should be determined in consultation with his or

her supervisor. The goal is to demonstrate skill in conducting a psychological assessment and in using the assessment data to draw relevant clinical conclusions. The assessment devices employed must be appropriate for the referral question. It is expected that the clinical formulation and the recommendations will be based on the integration of current theory, research, and practice. The report should include the following information:

1. Demographic information
2. Reason for psychological testing/reason for referral
3. Pertinent history
4. Relevant behavioral observations
5. Organized results section
6. Clinical impressions/formulations (including citations of relevant research)
7. Conclusion and recommendations
8. Scored test protocols

The report should be no longer than 20 double spaced pages using 12 point Times New Roman font. Typed or neatly written test protocols must be included in an appendix. Other typed documentation should also be included in the appendix (e.g., an intake, reports received from other agencies, reference page). Papers that exceed this length may be penalized.

The goal of the oral defense is to evaluate the candidate's ability to integrate knowledge and skill in the field of psychological assessment. During the oral defense, candidates will be questioned about a variety of assessment-related topics. In general, candidates are expected to demonstrate knowledge about the assessment devices/approaches taught in the clinical psychology program, as well as knowledge of psychometric properties including reliability,

validity, and clinical utility. Although questions raised during the defense can relate to any aspect of assessment, most often they will relate to the written submission. Questions typically range from why certain assessment devices were administered to how the clinical impression and recommendation flow from the data. Students must defend their conclusions regarding the examination of the client as they relate to the referral question or presenting concern.

IV. Evaluative Criteria for the Assessment Component

While the nature of clinical work makes it difficult to specify all the criteria used to evaluate every submission, the following criteria are routinely used for both the written submission and the oral defense. Students are rated using the following five-point scale: 0 Not acceptable; 1 Weak; 2 Minimally acceptable; 3 Competent; and 4 Outstanding.

1. Was the submission clear, concise, and well integrated?
2. Were responses during the oral defense clear, concise, and well integrated?
3. Did the assessment address the reason for referral?
4. Was an awareness of relevant social, developmental, and cultural issues addressed and integrated into the psychological assessment?
5. Was there an integration of relevant behavioral, biological, cognitive, and personality factors into the psychological assessment?
6. Were appropriate assessment devices chosen and correctly implemented/scored?
7. Was there sensitivity to the need for additional information/referral?
8. Were data from the history, behavioral observations, and test results integrated into a reasonable clinical formulation?
9. Was an appreciation of the adaptive aspects of the patient's functioning integrated

throughout the report?

10. Was there an understanding of the relevant process issues associated with conducting a psychological assessment?

11. Were clinical impressions and recommendations theoretically and empirically informed?

V. Grading of the Assessment Component

To pass this component of the examination students must obtain a minimum of 66 (3 raters x 11 criteria x score of 2 on each item) of the 132 points available (3 raters x 11 criteria x a maximum score of 4). In addition to a passing grade of 66, candidates must obtain a combined score greater than “0 Not acceptable” on each of the 11 items. The committee chair, in connection with the entire committee, develops a formal remedial program to address any areas that receive a combined rating of zero. The committee has the option of requiring remedial work for areas that receive a joint rating between one and five. The chair of the committee is charged with instructing the student about any remedial work required and with completing the Clinical Examination Summary. The student can request a copy of the six Clinical Examination Evaluations (3 for the assessment component and 3 for the therapy component), as well as a copy of the Clinical Examination Summary. The chair is responsible for placing copies of these documents in the student’s file. The Director of Clinical Training is charged with ensuring that the student completes the committee’s suggested remedial plan prior to being cleared for enrolling in PSY 892. A score below 66 is a failing grade. The chair of the committee presents the reasons for the failing grade to clinical faculty during a regularly scheduled clinical unit meeting. The entire clinical faculty discusses the student’s performance and jointly develops an individualized remedial plan. The chair of the committee instructs the student about the unit

developed remedial program and places a copy of the plan in the candidate's file. The Director of Clinical Training is charged with ensuring completion prior to the candidate enrolling in PSY 892. Students who have not successfully completed the remediation plan may be required to re-enroll in PSY 890. Failing the assessment component twice automatically results in dismissal from the clinical program.

VI. Format for the Therapy Component

The therapy component should be a comprehensive review of a clinical case. The goal is to demonstrate skill in providing and evaluating psychotherapy. While the style and organization is the student's choice, the submission must contain a summary of the case and an accompanying verbatim transcript. There is no list of acceptable formats for providing treatment (e.g., child, adult, couple, or family) and there is no required theoretical approach (e.g., behavioral, humanistic, psychodynamic, or systems). The student is expected to develop an approach based on an integration of the client's current concerns, published empirical research, and an acceptable theory. The report should include the following information:

1. Client's presenting concern
2. Relevant historical information
3. Relevant information on current functioning
4. Theoretically and empirically supported clinical impressions and diagnosis
5. A theoretically and empirically supported treatment plan
6. Determination of the efficacy and effectiveness of the treatment
7. A verbatim transcript of an entire session
8. A brief analysis of the verbatim transcript

The submission, with the exception of the verbatim transcript, should be double-spaced and no more than 20 pages. The verbatim transcript should be single-spaced. Typed supporting materials (e.g., assessment protocols, figures documenting client change, reports from other agencies, reference page) should be included in an appendix.

The goal of the oral defense is to understand the candidate's current knowledge and skill in providing and evaluating psychotherapy. During the oral defense, candidates will be questioned on a variety of treatment-related topics. In general, candidates are expected to demonstrate an integration of material covered in the clinical psychology program, as well as knowledge of any unique intervention/formulation that is contained in the written submission. Students also need to demonstrate an integration of the theoretical and empirical issues related to evaluating the efficacy and effectiveness of their clinical work. Topics raised during the defense can relate to any aspect of psychotherapy, but most often stem from the written submission. Questions typically range from why a certain case formulation was adopted to questions regarding how treatment efficacy and effectiveness was evaluated. Students must defend their case formulation and the therapy provided.

VII. Evaluative Criteria for the Therapy Component

While the nature of clinical work makes it difficult to specify all the criteria that would be used to evaluate a particular case, the following criteria are routinely used to evaluate the written and oral parts of the therapy component. Students are again rated using the following five-point scale: 0 Not acceptable; 1 Weak; 2 Minimally Acceptable, 3 Competent; and 4 Outstanding.

1. Were the written submission and responses during the oral defense clear, concise, and

well integrated?

2. Did the treatment address the client's presenting concerns?
3. Was an awareness and integration of relevant social, developmental, and cultural issues present in the case conceptualization and treatment?
4. Was there an integration of relevant behavioral, biological, cognitive, and personality factors into the case?
5. Was there sensitivity to the need for additional information/referral?
6. Was there an appreciation and integration of the adaptive aspects of the client's functioning?
7. Did the treatment stem from an integration of idiographic client factors with relevant theoretical formulations and empirical research?
8. Was there an integration of the relevant process issues related to conducting psychotherapy?
9. Were interventions integrated with the case material and competently implemented? Was there a theoretical and empirical evaluation of the treatment?

VIII. Grading of the Therapy Component

To pass this component of the examination students must obtain a minimum of 66 (3 raters x 11 criteria x score of 2 on each item) of the 132 points available (3 raters x 11 criteria x a maximum score of 4). In addition to a passing grade of 66, candidates must obtain a combined score greater than "0 Not acceptable" on each of the 11 items. The committee chair, in concert with the entire committee, develops a formal remedial program to address any areas that receive a combined rating of zero. The committee has the option of requiring remedial work for areas

that receive a joint rating between one and five. The chair of the committee is charged with instructing the student about any remedial work required and with completing the Clinical Examination Summary. The student can request a copy of the six Clinical Examination Evaluations (3 for the assessment component and 3 for the therapy component), as well as a copy of the Clinical Examination Summary. The chair is responsible for placing copies of these documents in the student's file. The Director of Clinical Training is charged with ensuring that the student completes the committee's suggested remedial plan prior to being cleared for enrolling in PSY 892. Students who have not successfully completed the remediation plan may be required to re-enroll in PSY 890. A score below 66 is a failing grade. The chair of the committee presents the reasons for the failing grade to clinical faculty during a regularly scheduled clinical unit meeting. The entire clinical faculty discusses the student's performance and jointly develops an individualized remedial plan. The chair of the committee instructs the student about the unit developed remedial program and places a copy of the plan in the candidate's file. The Director of Clinical Training is charged with ensuring completion prior to the candidate enrolling in PSY 892. NOTE: Failing the therapy component twice automatically results in dismissal from the clinical program. See the graduate student handbook for information regarding the appropriate appeal process.

IX. Overall Clinical Qualifying Examination Score

Passing the Clinical Qualifying Examination requires a passing performance on both the assessment and therapy components. Students who obtain a combined therapy and assessment score greater than 210 results in the designator, Pass with Distinction.

Appendix A
Clinical Qualifying Examination Evaluation
Assessment Component

Clinical Qualifying Examination Evaluation

Assessment Component

Student's Name _____ Date _____

Committee Member _____

- | | |
|---|---|
| 0 | Not acceptable |
| 1 | Weak |
| 2 | Minimally Acceptable |
| 3 | Competent: typical of student at this level of training |
| 4 | Demonstrated outstanding skill |

- _____ 1. Clarity, conciseness, and organization of the written submission.
- _____ 2. Clarity, conciseness, and organization of responses during the oral defense
- _____ 3. Assessment addressed reason for referral
- _____ 4. Awareness of relevant developmental, social, and cultural factors
- _____ 5. Awareness of relevant biological, behavioral, cognitive, and personality factors
- _____ 6. Appropriate assessment devices were chosen and correctly implemented/scored
- _____ 7. Sensitivity to the need for additional information/referral
- _____ 8. History, behavioral observations, and test results integrated into a reasonable clinical formulation
- _____ 9. Appreciation of the adaptive aspects of the patient's functioning
- _____ 10. Integration of the relevant process issues associated with conducting the assessment
- _____ 11. Theoretical and empirical basis for clinical impressions and recommendations

Other _____

Recommended remedial plan

Appendix B

Clinical Qualifying Examination Evaluation

Therapy Component

Clinical Qualifying Examination Evaluation

Therapy Component

Student's Name _____ Date _____

Committee Member _____

- | | |
|---|---|
| 0 | Not acceptable |
| 1 | Weak |
| 2 | Minimally acceptable |
| 3 | Competent: typical of student at this level of training |
| 4 | Demonstrated outstanding skill |

- _____ 1. Clarity, conciseness, and organization of the written submission
- _____ 2. Clarity, conciseness, and organization of responses during the oral defense
- _____ 3. Treatment addressed the client's presenting concerns
- _____ 4. Awareness of relevant developmental, social, and cultural factors
- _____ 5. Awareness of relevant biological, behavioral, cognitive, and personality factors
- _____ 6. Sensitivity to the need for additional information/referral
- _____ 7. Appreciation of the adaptive aspects of the patient's functioning
- _____ 8. Treatment flowed from an understanding of the client, as well as an understanding of relevant theoretical formulations and empirical research
- _____ 9. Integration of the relevant process issues related to conducting psychotherapy
- _____ 10. Interventions appropriate for the case and competently implemented
- _____ 11. Theoretical and empirical evaluation of the treatment

Other _____

Recommended remedial plan

Appendix C

Clinical Qualifying Examination Summary

Clinical Qualifying Examination Summary

Student's Name _____ Date _____

Committee _____
 Chairperson (C) Member 1 (M1) Member 2 (M2)

Item #	Assessment Component				Therapy Component			
	C	M1	M2	Total	C	M1	M2	Total
1	—	—	—	—	—	—	—	—
2	—	—	—	—	—	—	—	—
3	—	—	—	—	—	—	—	—
4	—	—	—	—	—	—	—	—
5	—	—	—	—	—	—	—	—
6	—	—	—	—	—	—	—	—
7	—	—	—	—	—	—	—	—
8	—	—	—	—	—	—	—	—
9	—	—	—	—	—	—	—	—
10	—	—	—	—	—	—	—	—
11	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	—	—	—

Combined score (a score of 66 for each component is passing; a total of 210 or above is passing with distinction) _____

Number of items with a combined rating of zero _____

Number of items with a combined rating of 6 or less _____

Committee decision

Remedial plan (if required)