

**CLINICAL COMPETENCY EXAMINATION
GUIDELINES**

2016-2017

Nova Southeastern University

Center for Psychological Studies

Revised 4/26/16

Clinical Competency Examination

All doctoral candidates are required to sit for and pass a clinical competency examination. The examination evaluates the student's ethical knowledge, understanding of, and skills in psychodiagnostics and intervention. It is a prerequisite to internship eligibility. In the event of failure, the examination may be retaken up to three times. A fourth failure results in automatic dismissal from the doctoral program.

General Description

The Clinical Competency Examination (CCE) is designed to assure that students have achieved the level of clinical knowledge, clinical skills, and ethical knowledge expected of a student ready to begin internship. The CCE requires the student to prepare a written and an oral case presentation through which he/she demonstrates satisfactory skills in assessing a case, developing an appropriate conceptualization and formulating a treatment plan based on it, conducting pertinent interventions, and evaluating the progress and outcome of the intervention(s) chosen.

All students in the School of Psychology are required to demonstrate mastery of specified clinical skills, identified above, through the CCE as a component of establishing internship eligibility. It is the student's responsibility to identify a case for the CCE.

Eligibility

The CCE evaluation criteria are designed to assess clinical competence at a level appropriate to students who have completed required course work and practica, and are presenting as ready for internship. To be eligible to sit for the CCE, students must have successfully completed the assessment and therapy course sequences, six (6) credits of intervention electives, and four (4) 4-month semesters of Clinical Practicum **and Intensive Supervision**. This training sequence is delineated in the CPS Handbook. At the discretion of the Director of Clinical Training, the eligibility requirement of six credits of intervention electives may be waived for students in the Clinical Neuropsychology and Forensic concentrations. Students in these concentrations may therefore petition the Director of Clinical Training for waiver of this requirement. In addition, the student must be in good standing (i.e., not on academic or other probation, leave of absence, etc.). In exceptional circumstances, however, students who have completed all course requirements excluding Dissertation may request permission to sit for the CCE while on a leave of absence.

Psy.D.
CCE ELIGIBILITY CHECKLIST
(ENTRY YEAR 2006 or later)

_____	Psy 1401	History and Systems
_____	Psy 1403	Adult Psychopathology
_____	Psy 1405	Developmental: Child & Adolescent
_____	Psy 1407	Developmental: Adult & Older Adult
_____	Psy 1408	Child & Adolescent Psychopathology
_____	Psy 1409	Professional Issues & Ethics
_____	Psy 1501	Assessment: Intelligence Testing
_____	Psy 1502	Assessment: Interviewing
_____	Psy 2507	Objective Personality Assessment
_____	Psy 2509	Behavioral Assessment
_____	Psy 2604	Child and Adolescent Intervention (1.5 credits)
_____	Psy 2606	Case Conceptualization
_____	Psy 1605	Diversity in Assessment and Interventions
_____	Psy 1610	Adult Intervention I
_____	Psy 2511	Projective Personality Assessment
_____	Psy 2603	Systems/Family Therapy I (1.5 credits)
_____	Psy 3501	Integrated Report

6 CREDITS - Intervention Electives* (list each course) **SEE NOTES BELOW**

_____	Psy 46__	Intervention Elective_____
_____	Psy 46__	Intervention Elective_____

After 4 semesters of completed practicum, one intervention must be completed and you must be enrolled in the second one during the semester you sit for the CCE.

If you have completed 6 semesters of practicum, you must have completed both intervention electives prior to sitting for the CCE.

***Waived for Forensic and Neuropsychology Students for CCE only. But, must be completed for internship eligibility.**

Practicum & Supervision

_____	Psy 1703	Pre-Practicum
_____	Psy 2701	Practicum I
_____	Psy 2703	Supervision I
_____	Psy 2702	Practicum II
_____	Psy 2704	Supervision II
_____	Psy 270A	Summer Clinical Practicum
_____	Psy 270B	Summer Clinical Supervision
_____	Psy 3701	Practicum III
_____	Psy 3703	Supervision III
_____	Psy 3702	Practicum IV
_____	Psy 3704	Supervision IV
_____	Psy 370A	Summer Clinical Practicum
_____	Psy 370B	Summer Clinical Supervision

PH.D.
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_____	Psy 1407	Developmental: Adult & Older Adult
_____	Psy 1408	Child & Adolescent Psychopathology
_____	Psy 1409	Professional Issues & Ethics
_____	Psy 1501	Assessment: Intelligence Testing
_____	Psy 1502	Assessment: Interviewing
_____	Psy 1605	Diversity in Assessment and Intervention
_____	Psy 1610	Adult Intervention I
_____	Psy 2507	Objective Personality Assessment
_____	Psy 2509	Behavioral Assessment
_____	Psy 2511	Projective Personality Assessment
_____	Psy 2603	Systems/Family Therapy I
_____	Psy 2604	Child and Adolescent Intervention
_____	Psy 2606	Case Conceptualization

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_____	Psy 1408	Child & Adolescent Psychopathology
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_____	Psy 1411	Conceptual Foundations
_____	Psy 1501	Assessment: Intelligence Testing
_____	Psy 1502	Assessment: Interviewing
_____	Psy 1605	Diversity in Assessment and Interviewing
_____	Psy 1610	Adult Intervention I (OR 2603 AND 2604)
_____	Psy 2507	Objective Personality Assessment
_____	Psy 2509	Behavioral Assessment
_____	Psy 2511	Projective Personality Assessment
_____	Psy 2603	Systems/Family Therapy I
_____	Psy 2604	Child and Adolescent Intervention
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In addition, students have found it helpful to prepare themselves further by (1) attending the CCEs of classmates in order to familiarize themselves with the process and (2) reviewing the **sample written CCE documents available in the Clinical Training Office** and in the Library Research and Information Technology Center. All CCE candidates are encouraged to take advantage of these opportunities.

Timing

For 2011-2012 **applicants** (planning to complete an internship during 2012-2013), the **LAST DAY** to **SIT** for the CCE can be no later than 10 (**TEN**) working days prior to the **LAST** day of the **FALL 2011** semester. The examination must be conducted while school is in session, not during intersessions or breaks. Examinations may be scheduled in the summer session if the committee members are available (**generally 12 month faculty**) and agree to the arrangement. **It is each candidate's responsibility to adhere to the deadlines noted herein.**

Procedure

A checklist of procedures for the student and each committee member is presented. Accompanying this checklist is a detailed explanation of these procedures.

Procedure Checklist for Students

1. ____ Review CCE Guidelines
2. ____ Obtain, complete, and submit CCE committee request form
3. ____ Prepare written case material (3 copies). Select sample audiotaped or videotaped session to accompany written material (one copy for each committee member).
4. ____ Arrange oral exam date with assigned Committee.
5. ____ **Contact the Clinical Training Office to arrange for room reservation space and public posting at least four (4) weeks in advance of the examination date.** At the same time, present the client's **CONSENT TO TAPE** form to one of the Assistants in the Clinical Training Office.
6. ____ **Three (3) weeks before the CCE provide the examination committee members with copies of the written and taped materials. Provide the Clinical Training Office with a copy of the written materials only.**
7. ____ Arrange for audiotaping of oral exam. Allow for up to 2 hours of tape space. (1½ to 2 hours is typical)
8. ____ Obtain a sign-off form from the Clinical Training Office to present to the CCE Committee at the time of the oral examination.

Procedure Checklist for the Chairperson

1. ___ Review written and taped materials before the exam.
2. ___ Conduct the oral examination and direct the evaluation of the candidate.
3. ___ Complete the CCE Rating Scale, and render an independent pass or remediate decision immediately after the examination.
4. ___ Inform the student immediately of Committee's decision (Pass, Remediate, or Split Decision). **If the committee elects to remediate, the committee chairperson will refer the candidate to the Director of Clinical Training who will appoint a remediation committee.** Submit the completed CCE Rating Scale and the sign-off form to the Director of Clinical Training immediately (on the day of the examination).
5. ___ Return to the student his/her copy of the written presentation and the therapy tape. Ensure that audiotape(s) of the oral examination are submitted to the Clinical Training Office on the day of the examination.

Procedure Checklist for Committee Member(s)

1. ___ Review written and taped material before exam.
2. ___ Complete the CCE Raing Scale, and render an independent pass or remediate decision immediately after the examination.
3. ___ Submit the completed CCE Rating Scale to the Director of Clinical Training immediately (on the day of the examination).

A. Composition of the Examination Committee

The examination committee is comprised of two Center for Psychological Studies faculty members identified as eligible to serve by the Director of Clinical Training. **Case supervisors are excluded from serving as committee members. Other faculty members excluded from serving include concentration faculty of the student and faculty who employ or have employed the student as a program coordinator. Additionally, possible CCE committees will be distributed to faculty before finalization in order that those with relationships too close or conflictual to render objective decisions may recuse themselves from membership.**

The Committee members serve ONLY as examiners, NOT as advisors to the project. The student should not consult with committee members about the content or structure of the examination other than about the format and timing of the oral examination.

B. Committee Selection and Exam Scheduling

1. In the winter semester of their third year, all students who anticipate taking the CCE during the following academic year will complete a CCE request form which:

- a. Indicates the treatment modality of the case intended for presentation.
 - b. Lists the names of five (5) faculty members from among whom the Chair of his/her examination committee will be selected.
2. The Director of Clinical Training will select the student's Chair from the list of five names submitted, and will assign a second member of the eligible faculty to serve on the examination committee, exclusive of previous supervisors or others who are excluded (see Section A regarding eligibility). Both faculty and student will be informed of the assignment by the end of the Winter semester.
 3. The student confers with committee members to determine an examination date. Before agreeing to the date so identified, the Director of Clinical Training checks the student's transcript to be certain that all prerequisites have been, or will be, successfully completed by the scheduled date.
 4. Students intending to take the CCE in a given semester must schedule the exam a minimum of four (4) weeks in advance of the exam date. An examination room will be reserved at the time of this scheduling.
 5. Three (3) copies of the written presentation are required: one for the Director of Clinical Training and one for each of the committee members. Students are responsible for submitting their CCE materials NO LATER than three (3) weeks before the examination date.
 6. The student makes arrangements to audiotape the entire oral examination and is responsible for ensuring adequate listening quality of the tapes. Students should use new, high quality audiotapes and a recorder with an external microphone. Deliberation by the committee following the oral examination and subsequent feedback to the student shall not be recorded. These tapes become the property of the Center for Psychological Studies.
 7. The student presents his/her case material orally during the examination. The presentation is open to all faculty and registered students who wish to attend. (Students who wish to attend another student's CCE need only be registered for classes during the regular academic year; they do not need to be registered for summer classes, even if the CCE is scheduled during the summer session.) Due to the confidential and clinical nature of the material, examinations are open only to faculty and currently enrolled students.
 8. Under the Chair's direction, the Committee conducts an examination regarding the case and relevant issues. Comments or questions from the floor may be entertained at the Chair's discretion. At the close of the examination, the candidate and any observers are dismissed while the Committee deliberates and evaluates the written and oral case materials.

C. Duties of Committee Members

To equitably distribute the workload, the number of examination committees on which faculty members serve will be limited. The limit will be adjusted each year according to the number of students requesting examinations and the number of eligible faculty members available to serve.

It is the responsibility of the Committee members to study the student's written and taped materials prior to the examination date, to query the student in a manner relevant to the case, to evaluate the student's written and oral presentation using the standard evaluation form to render an independent pass or remediate decision, and to provide recommendations for remediation where warranted. Immediately after the examination, the Chair informs the student and the Director of Clinical Training of the student's pass, remediate, or split decision status.

Within 10 working days of the examination date, the individual committee members are responsible for submitting in writing to the Director of Clinical Training his/her CCE Rating Scale. In addition, each member should return all taped and written materials to the student, unless other arrangements have been made with the student on an individual basis.

D. Role of the Case Supervisor

The case supervisor, or any other professional person included within the case's limits of confidentiality, may provide consultation and supervision with regard to any aspect of management of the case. However, the student holds sole responsibility for organizing, conceptualizing, and communicating the case presented. There should be no input from supervisors or others into the preparation of the written examination documents. The supervising clinician may not serve as an examination committee member, nor may he/she attend or participate in the examination process. **Faculty members may advise students about the CCE cases, but must do so in a manner consistent with the principle that it is the students' work. Faculty members may discuss with the student the case he/she would like to present for the CCE, but may NOT read or comment directly on the document. Faculty may listen to and give feedback on the tape.**

Case Presentation Content Guidelines

A. General Content Description and Case Selection

The student should select a case for presentation that permits an adequate sampling of his/her knowledge and skill in the treatment modality used. The student must have served as the primary service provider.

The case should demonstrate adequate pre-treatment evaluation, conceptualization, treatment planning, intervention, progress assessment, termination management, and outcome assessment. Students are not limited in their choice of client characteristics or problems, type of treatment modality, treatment setting, or duration of treatment. Treatment duration, however, must be consistent with the empirically supported treatment literature. The principal guideline for choosing a case should be that it fits within the framework of applied clinical psychology.

For example, the student may choose a case that is an interactive, evidence-based intervention, but is not limited to relaxation therapy, play therapy, a lecture, or a psychoeducational intervention. Any questions regarding the appropriateness of a particular case may be posed to the Director of Clinical Training.

B. Specific Content of the Presentation

The following categories should be addressed in structuring both the written and oral portions of the case presentation as well as in choosing an appropriate taped treatment session; the Committee will utilize them in evaluating the student's performance. Adaptations of the content within the categories may be made depending on the particulars of the case. A written transcript of the therapy tape **IS** required unless the committee members agree that it will not be necessary.

1. **Pre-treatment Evaluation and Assessment**. The case should demonstrate the student's competence in pre-intervention assessment, whether the assessment involved an intake interview including a history, formal testing, collateral interviews, behavioral assessment, or analysis of material gathered by previous caseworkers. Appropriate documentation of the evaluation should be presented. In addition, the student should be prepared to support and discuss decisions made regarding the assessment procedure(s) used.

2. **Conceptualization and treatment formulation**. The student should not only describe the conceptual formulation that guided him/her in the initial treatment of the case, but should also explain how the assessment data were utilized as a whole in choosing such a formulation. The treatment plan, including goals and appropriate intervention strategies should be described fully. The student should be able to justify the treatment plan based on the conceptualization of the case, the theoretical modality selected, and any pertinent empirical data regarding treatment efficacy.

3. **Integration**. This section outlines the student's thinking in his/her handling of the case from the initial intervention(s) to termination. Specifically, emphasis should be placed on describing how assessment data were integrated with conceptual formulation(s) and supportive empirical findings to generate intervention strategies. Focus should also be placed on what progress indicators were obtained and how they were used to guide the course of therapy, as well as how any changes in case conceptualization led to changes in treatment.

4. **Termination**. A description of the reasoning and other factors involved in the decision to terminate, the issues relevant to this particular case, and the process of termination should be presented. Termination may be complete, in progress, planned, or premature.

5. **Outcome Evaluation/Critique**. In addition to a goal-oriented summary of the intervention outcome, the student should analyze the case from the standpoint of strengths and weaknesses of the intervention strategies (especially with regard to relevant empirical findings), quality of the therapeutic relationship, and effectiveness of treatment.

6. **Ethical and Legal Considerations**. The student should review any ethical and/or legal issues he/she deems to be relevant to the case. If no ethical or legal issues were raised, a statement to that effect will suffice.

7. **Diversity Issues**. The student should briefly review any diversity issues relevant to the assessment, conceptualization, and treatment of his/her case. Examples of individual differences and diversity issues include race, ethnicity, culture, sexual preference, age, gender, able-bodiedness, and religious preference.

C. Length of Written Presentation

The written portion of the CCE may not exceed twenty-five (25) double-spaced typewritten pages (approximately 6250 words). The margins must correspond to those of the current APA editorial style.

In printing the document, no typeface smaller than Courier 10cpi or font smaller than Times New Roman 12pt can be used.

Examples of acceptable fonts are shown below:

This is an example of Times New Roman 12-point.

* The lengths of all documents **MUST** be approved by the Clinical Training Office before distribution to committee members.

*****The 25 page limit does **NOT** include title page, table of contents, lists of tables or figures, reference lists, transcript, or copies of progress notes, test protocols, copies of pertinent outcome studies, or other supporting documents. Such supporting documentation may not include extended reviews of literature or supplemental case analyses; pertinent literature review and case analysis, if presented, must be included within the 25 page limit. Students submitting CCE documents which exceed these page limits will not be permitted to conduct their examinations until their documents have been revised to conform to these guidelines. As a general rule, the written portion of the CCE should present in relatively concise form what the student intends to present in more extensive form in the oral presentation.

D. Recorded Session

An actual therapy session shall be presented in one of the following formats, audiotape, videotape, digital or compact disk, DVD, to the Committee at the same time as the written material (at least three weeks prior to the oral examination). Both members of the Committee should receive a copy of the therapy session in a format that they are able to listen to. A copy of the client's signed consent form is to be presented to the Clinical Training Office, and not provided to the committee members. The consent must indicate that permission is given for the student to record sessions for educational and supervisory purposes.

The student is responsible for submitting a tape of adequate quality to enable the examiners to effectively hear the audiotaped therapy session. A written transcript will not suffice as a substitute for a therapy tape of inadequate quality. Presentation of inaudible tapes may result in postponement of the CCE until such time as an adequate quality tape can be provided.

Students may complete the Clinical Competency Examination based on therapy conducted in languages other than English. The transcript must be provided in English as well as in the other language. An audiotape must be submitted as part of the CCE materials. If a session is done in a

language other than English, then a certified transcript of the tape transcribed into English must be submitted authenticating the tape and its transcription.

The manner in which the confidentiality of ALL materials used in the preparation and presentation of the Clinical Competency Examination must be in accord with the Ethical Principles of Psychologists promulgated by the American Psychological Association. The student accepts full responsibility for ensuring such confidentiality. Specifically, he/she must safeguard the confidentiality of clients' identifying information, life circumstances, place and/or name of the treatment facility or agency, clinical problems, and ALL audiotaped or videotaped records of any interactions.

Committee members will evaluate the intervention sample in terms of the students' listening skills, ability to communicate empathy, question, generally facilitate the clinical process, conduct the intervention(s) effectively, and adhere to the conceptual framework described in the document.

E. Oral Examination

1. **Oral presentation.** As the examiners will have read the written material and listened to the sample session before the examination, the oral presentation should build upon, but not repeat, the basic information conveyed in writing. The student should therefore be prepared to present and discuss an overview of his/her case. **This presentation should not exceed twenty (20) minutes in length,** and should emphasize the following aspects:

a. **Conceptual formulation and integration.** The student should be able to explain and support his/her conceptualization, and address how conclusions were drawn and what affect these had upon the management of the case. Changes in the conceptual and diagnostic formulation over time should be noted as well. **Students should be prepared to discuss in the oral examination one alternative, distinct theoretical approach or set of procedures that are relevant to their case. However, the committee will not necessarily examine the student on that model nor will the student be required to present this alternative model in his/her written document.**

b. **Therapeutic interventions.** A discussion of therapeutic interventions is central to the presentation. The student should demonstrate knowledge of the relevant literature(s), and should be able to discuss how assessment data, conceptual models, and empirical findings were integrated to formulate treatment plans. Specifically, the student should discuss treatment goals, choice of modality, specific intervention strategies employed, and the impacts of each.

c. **Critical evaluation of the case.** This portion of the oral examination should consist of an objective and thoughtful critique of the case. (For example, in retrospect, what "errors" were made? What other interventions might have proven more effective for the client?)

2. **Defense.** The majority of the time is allotted to the critical evaluation of the student's ability to handle the Committee's in-depth exploration and probing of his/her work. The student is required to "think on his/her feet," to consider and evaluate other possible interventions consistent with his/her conceptualization, to contrast modalities, and to support the approach taken. The

Committee also evaluates the professional manner in which the student conducts himself or herself during the oral portion of the examination.

In all cases, the Committee members are free to explore and test the student until they conclude they can render an accurate decision. **However, the student will not be examined or evaluated on any conceptual models or empirically validated procedures other than the two he/she has prepared in advance.**

Examination outcome

A. The Committee is to evaluate both the written and oral presentations. After deliberation and discussion, each member of the Committee is to render an independent decision (pass or remediate). In addition, each Committee member is to rate the student's strengths and weaknesses in the specific categories of the CCE Rating Scale. (*See attached rating scale at end of Guidelines*)

B. The committee members' decisions will result in one of the following outcomes.

1. If both members render decisions of Pass, then the student has successfully completed the CCE requirement.

2. If one member renders a decision of pass and the other member renders a decision of remediate, the outcome will be considered a split decision. The committee chairperson will inform the student and the DCT, who will appoint within three (3) working days a third committee member who will evaluate the student's written work, the taped session, and the audiotape of the oral examination. This member will then render an independent pass or remediate decision using the CCE Rating Scale and will make recommendations as warranted. Within ten (10) working days, the third member will submit his/her decision to the DCT who will consider the decision in the following manner:

a. If both a member of the original committee and the third member render a decision of Pass, then the student has successfully completed the CCE requirement;

b. If both an original member of the committee and the third member render a decision of Remediate, then the CCE is not passed and the majority members will forward their recommendation to remediate to the DCT.

3. If both members render a decision of Remediate, the CCE is not passed, and internship eligibility is accordingly incomplete.

C. While the basis for each committee member's decision of Pass or Remediate depends on his/her judgment of the adequacy of the student's written and oral presentations as well as the sample taped session, the following guidelines are offered:

1. Pass indicates an appraisal that the student's overall clinical performance and presentation are fundamentally sound, and are acceptable as presented.

2. Remediate indicates an appraisal that the student's overall clinical performance is fundamentally unsound, that he or she requires additional training, and that he or she will need to be reexamined after a period of remediation, the components of which will be determined by a committee appointed by the DCT.

D. The Chair will submit to the Director of Clinical Training the Committee's decision (pass, remediate, or split) as well as ratings of the student's strengths and weaknesses in the specific categories under evaluation.

E. The Director of Clinical Training will place copies of the written summary to the student, as well as notification of his/her ultimate pass/remediate status in his/her academic and clinical training files. These copies may be obtained by the students from the Clinical Training office.

F. No student will be eligible to accept an internship placement until successfully completing the CCE.

G. Not passing the CCE on the fourth attempt results in automatic dismissal from the program.

Remediation

Should the committee's decision be that the student remediate, the DCT will appoint within three (3) days a committee of two faculty members who will meet with the student, review the findings of the CCE committee, and develop a written plan of additional work that the student must complete in order to address weaknesses identified by the CCE committee. The remediation options include but are not limited to (1) taking additional practica and supervision, and then presenting another case, and (2) rewriting, re-presenting, re-analyzing the same case with specifics to be determined by the remediation committee. Additionally, all candidates determined to be in need of remediation by their examining committees must sit for the oral examination again, the constitution of which may be different from or the same as the prior one. The committees will be appointed by the DCT.

If the CCE is not passed at the first sitting, the minimum remediation period before a second sitting is three (3) months. If the CCE is not passed at the second or third sitting, the minimum remediation period before sitting for the next examination is six (6) months. Not passing the CCE on the fourth sitting results in automatic dismissal from the program.

Appeals of CCE Decisions

Any student wishing to pursue an appeal of his/her Committee's decision should consult the Student Manual.

CCE Rating Scale

Assessment

Intake and history (each area =1/2 point)

Comprehensive intake and history includes inquiring about and recording:

- | | |
|-------------------------------------|------------------------------------|
| _____ Reason for referral | _____ Vocational History |
| _____ Presenting problem | _____ Family psych/medical history |
| _____ History of presenting problem | _____ Past Psych/Med /SA history |
| _____ Childhood history | _____ Military history |
| _____ Educational history | _____ Legal history and issues |
| _____ Family History | _____ Religious/spiritual issues |
| _____ Medications | _____ Cultural/diversity issues |
| | _____ (0-7 points) |

Psychological Testing

While D is required for all students, a student can be given points if A, B, or C is present; only score 0-3 points for one category for A, B, or C.

A. _____ Presents at least one personality test or relevant behavior checklist with appropriate interpretation (e.g. MMPI-2, MCMI-III, Beck measures, CYCLE) (0-3 points)

OR

B. _____ Presents at least one projective test with appropriate interpretation (Rorschach, TAT, Sentence completion, Drawings) (0-3 points)

OR

C. _____ A detailed Functional Analysis of Behavior incorporating behavior excesses, deficits and maintaining factors (0-3 points)

AND

D. _____ A detailed Mental Status Examination (0-3 points)

Diagnosis

_____ Presents a multiaxial, DSM-IV Diagnosis. (0-3 points)

_____ Presents alternative diagnoses and basis for rule out. (0-3 points)

_____ Presents an accurate summary of findings and comprehensive formulation of the patient's problem based on the assessment data. (0-3 points)

Assessment Sub-Score _____ (0-22)
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Conceptualization

Theoretical Model(s)

____ 3. Is able to articulate a professionally accepted theoretical approach and/or a set of empirically validated procedures or systematically integrate two or more such approaches with evidence of significant depth of understanding of these approaches. (4-5 points)

____ 2. Is able to describe a theoretical approach or integration of two or more such approaches with adequate depth of understanding of the theories. (1-3 points)

____ 1. Presents a theoretical approach reflecting little depth of understanding and/or integrates two or more such approaches inappropriately or in a way that violates the assumptions of those theories. (0 points)

Relevance

____ 3. The approach is based on a careful consideration of client and therapist goals and a thorough assessment of all of the most clinically relevant issues that are presented (i.e. suicidal behavior, history of sexual abuse, substance abuse, severe psychopathology). (4-5 points)

____ 2. The approach reflects basic or superficial goals and an assessment that addresses the most obvious issues, while ignoring more subtle issues or those that would have required a more careful evaluation. (1-3 points)

____ 1. The approach ignores the client's most important goals and needs and fails to address the most clinically relevant issues, while focusing on superficial problems. (0 points)

Integration

____ 3. The conceptualization incorporates the client's unique history, current problems and personality style and applies the theoretical model and/or the empirically validated approach to the actual data of the client's life in a highly individualized manner. (4-5 points)

____ 2. The formulation incorporates some important data of the client's life but fails to account for much of the relevant history or life situation, appealing to theoretical assumptions from the model without adequate empirical support. (1-3 points)

____ 1. The conceptualization relies mostly on theoretical constructs and offers little in the way of integration of relevant historical, mental status or personality variables that are empirical. (0 points)

Flexibility of Approach

_____3. Is able to articulate one alternative, appropriate and distinct theoretical approach, or other empirically validated procedure(s) of their choosing to the case with a sound depth of understanding and appropriateness to the client's situation. (4-5 points)

_____2. Is able to describe an alternative approach with adequate understanding of the basic principles and some degree of applicability to the case. (1-3 points)

_____1. Is unable to articulate an alternative model and/or provides no applicability to the actual case. (0 points)

Legal/Ethical Issues

_____3. Carefully considers legal implications of case, including reporting requirements while maintaining respect for client confidentiality and commitment to high professional standards. (4-5 points)

_____2. Adequately protects client confidentiality but ignores more subtle issues pertaining to the professional relationship (i.e. boundary issues) or fails to consider possible legal complications. (1-3 points)

_____1. Fails to address important legal responsibilities in the case or to protect client confidentiality. (0 points)

Diversity

_____3. Demonstrates a good understanding of how cultural or other diversity issues influence the case while taking them into account in both the assessment and treatment of the client. (4-5 points)

_____2. Acknowledges the role of culture and diversity in the case, but addresses those dimensions superficially in the treatment of the client. (1-3 points)

_____1. Ignores the role of diversity and culture in the case. (0 points)

Limitations/Indications

_____3. Is able to clearly describe the indications and limitations of the intervention model chosen for the case as well as the alternate model that the student has chosen. (4-5 points)

_____2. Has some understanding of the indications and limitations of the model, but unaware of many contraindications or has no insight into the limitations/indications of the alternate model. (1-3 points)

_____1. Is unable to adequately discuss the limitations or indications of both their intervention model and the alternate model. (0 points)

Outcome/Self-Critique

_____3. Clearly describes and documents client outcome and understands and is able to self-critique and explain the basis for success or failure of the intervention as well as his/her therapeutic errors or oversights. (4-5 points)

_____2. Is able to describe client outcome, but is limited in the ability to self-critique and explain the basis for success or failure of the intervention. (1-3 points)

_____1. Cannot clearly describe or document client outcome and is unable to self-critique and explain the basis for the success or failure of the intervention. (0 points)

Conceptualization Sub-Score _____ (0-40)

Clinical Skills/InterventionListening

_____3. Listens effectively to client, responds to their verbalizations without introducing new questions, unless clinically indicated, and demonstrates that they are following client's train of thought with few interruptions or digressions. (4-5 points)

_____2. Follows client's train of thought, typically responds to some last or preceding comment without introducing new data, unless clinically indicated, but has tendency to talk too much or direct the discussion too often or inappropriately. (1-3 points)

_____1. Fails to listen to client, does not follow client's lead or train of thought and directs the interview with little regard for client's initiative. (0 points)

Understanding/Empathy

_____3. Uses reflection of feeling and content and accurately communicates an understanding of client feelings, attitudes and concerns. (4-5 points)

_____2. Uses reflection of either feeling or content and is able to communicate an adequate level of understanding, but often misses the client's major concerns. (1-3 points)

_____1. Does not utilize effective empathy skills and is unable to communicate adequately their understanding of the client's expressed concerns. (0 points)

Questioning

_____3. Uses open-ended questions as appropriate that facilitate the client's exploration of problems and concerns. (4-5 points)

_____2. Is able to use open-ended questions appropriately, but falls back frequently upon closed ended questioning that limits client exploration. (1-3 points)

_____1. Questioning tends to be inappropriately closed-ended and rarely facilitates adequate exploration or explanation of the client's difficulties. (0 points)

Other facilitating techniques

_____3. As appropriate, uses clarification, confrontation, feedback, summary statements and silences in exploring client issues. (4-5 points)

_____2. Is able to employ clarification, summary statements, feedback, and silences when appropriate, but does so ineffectively or too infrequently to enhance client exploration of problems. (1-3 points)

_____1. Even when appropriate, rarely if ever uses clarification, feedback, silences, or summary statements to enhance exploration of client issues. (0 points)

Fidelity of Intervention

_____3. The taped session reflects many interventions that accurately reflect the proposed conceptual/theoretical/empirical framework offered by the student. (5-8 points)

_____2. The taped session has some evidence of clinical interventions that are consistent with the student's conceptualization, but the interventions are often unrelated or inconsistent with the model proposed. (1-4 points)

_____1. The taped session reflects little or no correspondence with the student's treatment model.(0 points)

Clinical Skills/Intervention Sub-Score_____ (0-28)

Quality of Written Document

_____3. The written document is clearly and concisely written, comprehensive in covering the relevant dimensions of the case and is free of any errors in grammar and spelling. (6-10 points)

_____2. The document is sufficiently comprehensive, but may lack clarity at times or occasional errors in spelling and grammar. (1-5 points)

_____1. The written document is poorly written, omits important information, and/or has many errors in spelling and grammar. (0 points)

Quality of Written Document Sub-Score_____ (0-10)
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Totals of Subsection
Assessment Sub-Score _____ (0-22)
Conceptualization Sub-Score _____ (0-40)
Clinical Skills/Intervention Sub-Score _____ (0-28)
Quality of Written Document Sub-Score _____ (0-10)
Total CCE Score _____ (0-100)

Overall Evaluation:

Pass _____

Remediate _____

Split decision _____ (one pass, one fail)

Signature: _____

Date: _____

PLEASE RETURN THIS FORM WITHIN 10 DAYS TO THE CLINICAL TRAINING OFFICE