

The Nuts and
Bolts of
Preparing for
Your CCE

Why do we need a Clinical Competency Exam?

- The goal of the CCE is to assess “Readiness for Internship,” both in overall clinical skills and in a set of specific competencies that align with APA’s standards of accreditation.
- Although we sometimes talk informally about “passing” or “failing” the CCE, students who do not meet the minimal levels of achievement on the CCE Rating Form on the first try are offered opportunities to remediate any weaker areas prior to internship.
- Although a remediation decision on your CCE is a setback, it offers a small number (2-5%) of students additional training and experience that will prepare them for a successful internship year.





Clinical Competency Areas

- Assessment and Diagnosis (assessed via the document and presentation/oral defense)
 - Assessment: Intake Interviews, Psychological Testing, Mental Status Examination, Monitoring of Treatment Progress
 - Diagnosis: DSM-5 Diagnoses Assigned, Differential Diagnosis, and Written Justification for Diagnosis
- Intervention
 - Theoretical Model, Relevance, Integration, Flexibility of Approach (Alternate Conceptualization), Strengths and Limitations of Both Primary and Alternate Conceptualization (via Document, Presentation/oral defense)
 - Fidelity of Intervention and Intervention Skills (via and **Theravue** and Transcript), as well as Individualization of Treatment (via Document and Presentation/oral defense)
- Communication and Interpersonal Skills
 - Listening, Understanding and Empathy and Open-Ended Questioning/Other Facilitating Techniques (both via **Theravue** and Transcript)
 - Written Communication (via CCE document)
 - Oral Communication (via CCE Presentation and Oral Defense)
- Professionalism – (all of the above are assessed via document, **Theravue**, presentation, and Oral defense)
 - Legal and Ethical Issues
 - Diversity
 - Outcome/Self Critique

***These areas are assessed using the CCE rating form: <https://psychology.nova.edu/students/current-students.html>



CCE format : Skills Demonstration (Session Recording Replaced with Theravue)

- 1. Written Document – submitted at minimum three weeks prior oral defense
- 2. **Skills demonstration using Theravue replaces session recording**
 - A transcript will still be required and include a new, brief self-analysis (identifying specific competency elements demonstrated) – see CCE Self-Assessment and Transcript Form (Appendix F of the CCE Guidelines).
 - Only 20% of CCE ratings (four items on CCE rating form) directly from Theravue; partially informs the three professionalism items (Legal and Ethical Issues, Diversity, Outcome/Self Critique)
 - Helpful preparation for new EPPP- Part 2 likely to be adopted by FL over next few years
 - Elimination of session recording allows for more practicum options and possibly faster CCE remediation
- 3. Oral defense – schedule two hours with committee members – 20 minutes formal presentation and 1-1.5+ hours of Q&A.



**Theravue: Date
TBA (Student Vote)**



Theravue

- The video response portion will be time-limited – three (3) hours
- Students will be able to re-record during this time limit, but once video responses are submitted, no changes can be made
 - Students view recordings and complete CCE Self-Assessment and Transcript Form AFTER the allotted time. **Be sure to check the audio/video quality of the recording immediately after submission!**
 - New CCE Self-Assessment and Transcript Form (Appendix F in CCE Guidelines) is required
 - Verbatim transcription of both vignette clip client's statements **and** student responses
 - Self-assessment sorting (matching video response to skills area) with space for additional information.
 - CCE Self-Assessment and Transcript Form must be submitted along with the CCE document to the Office of Clinical Training and CCE Committee at minimum **three (3) weeks** before the scheduled date of the oral defense.
 - Email link to videos to Office of Clinical Training and CCE committee at same time as submit document (3 weeks prior to oral defense).



CCE Self-Assessment and Transcript Form (Appendix F)



Select two videos demonstrating each of six (6) skills/competencies:

1. Fidelity to Intervention
2. Intervention Skills
3. Listening, Understanding and Empathy
4. Open-ended Questions and Other Facilitating Techniques
4. Legal/Ethical Issue
5. Diversity



Write verbatim transcript both the client vignette and your responses for each of the 12 videos selected

Although only 12 videos/responses are transcribed, all 20 videos/responses must be sent to your CCE committee in one link (create a playlist in [SharkMedia](#))



Complete self-assessment

Example: Provide a brief (no more than 250 words) self-analysis. Describe why you selected this recording and how you believe it fits with the treatment model, or alternative treatment, you used for the case you are presenting for the CCE. If you would like to include additional dialogue [demonstrating your approach] with the client in the video, you may do so here. If there is anything you would have done differently, please note what that would have been here)



Theravue: helpful hints

- Provide simple responses – there will be space on your **CCE Self-Assessment and Transcript Form** to provide more information
- Provide context in your responses if you think it will help
- Use approach-specific language/responses when possible, etc.
- Know “where you’re going” with your responses (e.g., a therapeutic frame) but don’t feel like your response has to address that (again, you may provide this information in your **CCE Self-Assessment and Transcript Form**)
- Review your Theravue recordings with your supervisor and get feedback (remember they can’t help you with written portion of exam- CCE document of CCE self-Assessment and Transcript Form), but you may discuss your case, your Theravue recordings, and PowerPoint slides for oral defense with them.
- Practice, practice, practice on Theravue. Time yourself to ensure you will be able to complete 20 video responses (with re-recording, bathroom breaks, etc.) within the three-hour time limit.



Checklist (Appendix B)

- Updated guidelines coming soon. In meantime, review 2020-2021 CCE Guidelines - <https://psychology.nova.edu/students/current-students.html>
- Eligibility clearance from Clinical Training Office in form of CCE committee request form- coming soon – Look out for email.
- Contact faculty members to arrange for an oral exam date. See Appendix E in CCE Guidelines for a list of faculty info. **(Earliest three weeks after Theravue Exam – 10 days prior to end of Fall semester)**
- Complete Theravue Registration and sample vignettes and let us know if any tech problems by **deadline - TBA**.
- Participate in the program wide Theravue assessment on **TBA (student vote)**. You will have **three hours to complete the vignette recordings**.
- Ensure Theravue recordings have been submitted and are of sufficiently good audio quality. If there is a problem, contact the Office of Clinical Training immediately.
- Upload Theravue recordings to your [SharkMedia](#) account and create one playlist containing all your Theravue videos.
- At least four (4) weeks in advance of the CCE oral exam date, contact the Coordinator in the Clinical Training Office to arrange for room reservation space and public posting.
- Three (3) weeks before the scheduled CCE oral exam date, **turn in three (3) copies of your document to the Office of Clinical Training** to be distributed to the committee members. Also **send an email with your Theravue recordings link** (remember only one link to a playlist containing all the Theravue recordings) to your committee members and to the Office of Clinical Training (officeofclinicaltraining@nova.edu). *If the materials are not received by 5 pm three weeks before the scheduled CCE, the student will be required to move the date of the CCE.*
- Decide how to record your oral exam and plan to bring required materials to your CCE meeting. Options include: 1) recording it on your computer, 2) using a portable recording device. Allow for up to 2 hours of recording space. (1½ to 2 hours is typical).
- On the date of your CCE oral exam, obtain a sign-off form from the Clinical Training Office to present to the CCE Committee at the time of the oral examination.



Questions?



**How do I pass my
CCE?**

How do I pass my CCE?

- Demonstrate competency in Assessment and Diagnosis, Intervention, Written and Oral Communication, and Professionalism areas.
- **Using the CCE Rating Form (rubric), students must achieve a score of 70 or above from all committee members to pass their CCE.**
- Careful review of the CCE Guidelines and CCE Rating Form are critical pieces of your preparation for your CCE.
 - Within specific items, you are hoping to score within the “Competency Demonstrated” category of scores (i.e., 4 or 5 on 5 point items and 3 on 3 point items).
 - However, it is not necessary to achieve those scores on every single item to pass your CCE.



How do I pass my CCE?

- Your Theravue skills demo and transcript reflect:
 - Fidelity of Intervention
 - Sound Intervention Skills
 - Sound non-specific therapy skills (that is, those skills we practice as clinicians that are not unique to any particular theoretical model), including Listening, Understanding and Empathy, Open-Ended Questioning and Other Facilitating Techniques
- As well as evidence of sound :
 - Legal and Ethical knowledge
 - Diversity practice
 - Outcome/Self Critique ability



How do I pass my CCE?

- Your **BPS information documents** the presenting problem (relevant symptoms, the risk and protective factors contributing to difficulties) and full history (Family, Social, Medical, Psych, etc.)
- Your **Assessment Plan** includes broad-based mental health measures, disorder-specific measures, (sometimes) weekly/bi-weekly assessments (e.g., anxiety ratings), and clinician observation and client report of improvement in functioning; assessment measures are chosen carefully, administered and scored correctly, and sound conclusions are drawn.



How do I pass my CCE?

- **Students may choose to present an Alternate Assessment Plan.**
 - An Alternate Assessment Plan is like your Alternate Conceptualization. What assessment measures would you have given (or have liked to have given) if you had not used the measures you did.
 - The Alternate Assessment Plan is a critical piece of the CCE if your site/supervisor discouraged assessment and/or you felt that assessment measures were contraindicated for some reason.
 - In other words, if you did not administer assessment measures or you were unable to administer the measures you would have liked, use your Alternate Assessment Plan so that your committee can evaluate you within the Psychological Testing domain (**otherwise, they would have to rate you a “0” for this item**).
 - The Alternate Assessment Plan is not required. If you are happy with your existing assessment, you need not include it at all.
 - ***All students should be prepared to answer questions about the measures they administered and what else might have been helpful, whether you have an Alternate Assessment Plan or not.***
 - What measures would you have administered?
 - What pattern of results are you expecting to see based on your knowledge of the client?
 - How would you have monitored treatment progress under your Alternate Assessment Plan?





How do I pass my CCE?

- A solid **Mental Status Examination** is conducted and documented.
- Your BPS information and assessments lead logically to assigned diagnoses.
 - Your assigned diagnoses are appropriately justified using DSM-5 and supported by assessment.
 - Relevant comorbidities are considered and assigned or ruled out.
 - Relevant specifiers are used correctly.
 - These criteria are clearly communicated in your document and presentation.
- Assessments are **used to monitor treatment progress**, document improvements, inform whether treatment adjustments need to be made and decisions about termination or transfer.





How do I pass my CCE?

- There is a clear link between the information presented in Assessment and Diagnosis and the Intervention (case conceptualization/theoretical model) you chose (Theoretical Model, Relevance).
- There are clear links between the Intervention you chose and how you applied this Intervention to your client (Integration).
- Your Intervention was tailored it to the needs of your client (Individualization of Treatment, Diversity, etc.).
- You are able to articulate one additional Intervention that could be applied to your client (Flexibility of Approach) during your oral defense (the alternative does not need to be included in your presentation, but be ready for questions about it during the oral defense)
- You can describe the Strengths and Limitations of both your Intervention Model and your Alternative Model.





How do I pass my CCE?

- Includes all necessary information:
 - Your document and presentation are the only window your committee has into your work with your client and must contain all the information needed to evaluate your competency across areas.
- **Written Communication**
 - Your document is clearly written and organized, and consistent with the standards of doctoral-level training. There are few, if any, errors in grammar, syntax or spelling or typographical errors.
 - This is a polished draft that has been carefully reviewed and proofread.
 - Remember to avail yourself of resources like the NSU Writing Center in necessary!
- **Oral Communication**
 - Your Presentation is a clear, concise and well-organized summary of the case across most elements of the CCE Rating Form
 - You are well-prepared for questions and readily able to understand comments and feedback during your Oral Defense
 - Some anxiety is to be expected but be sure you are able to manage your anxiety well enough during the presentation and oral defense to be able to think on your feet and answer questions (take care of yourselves!)
 - Be open to differences of opinion and perspective during the oral defense!



How do I pass my CCE?

- You are aware of legal and ethical issues present in all clinical work *and also those that might be relevant to your case* (**Legal and Ethical Issues**). You do not overlook potentially important legal or ethical issues, such as suicidal or homicidal ideation, mandated reporting issues, limits to confidentiality, etc.
- You clearly identify diversity issues relevant to the case (**Diversity**) and describe how these were incorporated into treatment (may also be rated under Relevance and Individualization of Treatment).
- You are well-able to describe the strengths and limitations of your clinical work and its implementation (**Professional Values, Attitudes and Behaviors**).





How do I pass my CCE?

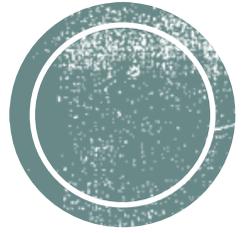
In a strong CCE, all competency areas—assessment and diagnosis, intervention, and written and oral communication skills—tie together nicely and tell a story about your client and your work with him/her.



Pass, Needs Remediation & Split Decisions

- **PASS:**
 - All committee members gave you a score of 70 or above on CCE Rating Form.
- **NEEDS REMEDIATION:**
 - All committee members gave you a score below 70 on CCE Rating Form.
- **SPLIT DECISION:**
 - One committee member gave you a score of 70 or above, and the other gave you a score below 70, rendering one PASS and one FAIL decision.
 - The document, Theravue recordings, and recording of your CCE meeting goes to a third faculty member, who reviews all materials and renders an independent decision and “breaks the tie”.





Frequently Asked Questions





How do students generally fail the CCE?

- **Students fail the CCE by achieving a score below 70 on the CCE Rating Form.**
 - Generally low or marginal performance across many or all areas of the CCE
 - Overlooking critical incidents or other major ethical issues (e.g., risk of harm to self or others, child or elder abuse, major ethical violations)
 - Egregious errors in assessment and/or diagnosis that affect case conceptualization, treatment planning, and interventions
 - Recordings (previously session recordings; currently Theravue recordings) and Transcripts where listening and questioning skills are seriously lacking, OR that seriously lack therapeutic content (e.g., reflect a pleasant conversation, but not therapy or therapeutic responding)
 - Poorly written document (not just grammar/spelling) that fails to include relevant information or fails to clearly explain what was done and why
 - One mistake or even one weak area will NOT lead to failure...



Can I use a case from my first-year practicum?

- Yes, of course! Choose the case that you believe best showcases your competency across the competency areas. While some students feel that an extra year experience is helpful, remember that one solid year of clinical work can be enough time to identify a good CCE case.
- Some students must choose a first-year practicum case because they have assessment (vs. therapy) oriented practica in their second-year practicum or for a variety of other reasons. These students are often nervous about whether they are at a disadvantage in their CCEs.
 - Try to remember that you have a full year and often a choice of several clients to identify a CCE case.
 - Also, remember that your more extensive assessment training likely gives you an advantage in the Assessment and Diagnosis competency (if it helps you to feel less nervous).
- If you are using a first-year case, perhaps contextualize this for your committee in your document or in your presentation by letting them know. You can also address this in your Outcome and Self-Critique section, noting any limitations in your work and steps you took in your additional training to remedy them.



How extensive should my alternate conceptualization be?

- The rubric states “*Student is able to articulate one alternative, appropriate and distinct theoretical approach or other empirically validated procedure(s) ...with sound depth of understanding and appropriateness to the client’s situation*”.
- You should be able to provide a brief introduction to the alternate conceptualization (as though you were presenting on this model in a class presentation or to an audience of interns) and then be able to demonstrate how it might apply to your client.
- While you need to do so with sound depth of understanding (and not only superficially), it is not meant to be a second CCE, and so you do not need to know and understand your alternate conceptualization with the same level of depth as your primary conceptualization. It would be almost impossible to know an alternate model as well as the model that you actually implemented over time and with the benefit of supervision.
- You should be able to describe advantages and disadvantages to each approach in the context of your case and be prepared to answer questions about how you selected your primary conceptualization.
- More information on good use of your Alternate Conceptualization to follow....



Where and when do I describe my Alternate Conceptualization?

- In general, students describe their alternate conceptualization in their CCE Presentations, and not in their documents.
- The alternate conceptualization is generally described during the Oral Defense portion of the meeting, when the committee asks about it. Therefore, it is not necessary to include it in your 20-minute presentation at the beginning of your meeting (and does not count against your 20 minutes).
- Simply have the relevant slides ready to present when your committee asks about it.



What goes in the Appendices rather than the document?

- This is a tricky question because it is largely a matter of personal preference for committee members.
- To guide you, faculty surveys contained this comment:
“In general, there has been a trend toward including way too much info in appendices that decreases students’ perceived responsibility for explaining things concisely in text of document, including: diagnostic justifications and brief justification for rule outs, rationale and literature support for assessments used, relegating assessment (inc. reasons for using [specific measures], scores, and interpretation of results) in appendices.”
- If it is part of a standard BPS report or evaluation, it should go in the document, even concisely. This includes assessments used, client scores at intake, and justifications for assigning vs. ruling out diagnoses. You may elaborate further in an appendix.
- Generally, mocking your CCE with a few faculty prior to your defense date can help sort out which material should be in appendices.



What should I include in my 20-minute presentation?

- Remember that faculty have reviewed your document, Theravue recordings/transcripts and self assessment form and do not need all content repeated.
- Nonetheless, your materials may have been reviewed some time ago, and so you want to offer a brief reminder of the most important elements of the document.
- You can keep background history relatively brief, emphasizing elements that speak to your diagnosis and the factors that shaped your case conceptualization.
- Focus on demonstrating your skills in each of the competency areas.
- Recall that we discussed how in a strong CCE, all competency areas—assessment and diagnosis, intervention, and written and oral communication skills—tie together nicely and tell a story about your client and your work with him/her. Your presentation is a second opportunity to accomplish this goal. If the information you are presenting doesn't do that, it is fine to leave it out of the presentation (if it is in the document).



What makes for “good” Theravue recordings

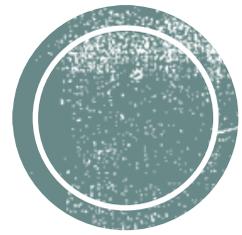
- The Theravue recordings are the only evidence the CCE committee will have of your actual clinical skills; therefore, it is important (but not likely to be THE deal breaker).
- Strong Theravue recordings highlight YOUR skills in the competency areas.
 - Non-Specific Skills:
 - Listening, Understanding & Empathy
 - Open-Ended Questions and Other Facilitating Techniques
 - Intervention Skills
 - Fidelity of Intervention (Does your response clearly reflect the theoretical model you are using?)
 - Individualization of Treatment (Do you meet the client where they are?)



What roles can faculty and supervisors play in helping students prepare for the CCE?

- Faculty and supervisors can help in any role that is common in supervision while you are working with the client. This includes case presentations, reviewing measures, weighing in on diagnostic decisions, support conceptualizing the case, etc.
- Faculty and supervisors can review and provide feedback on Theravue recordings, including discussing about your self-evaluations on the transcript form.
- Faculty and supervisors can review and provide feedback during case presentations and Mock CCEs, including providing feedback on slides and participating in mock question and answer sessions.
- Once per practicum year, faculty and intensive supervisors should have students complete a Case Presentation (or a Mock CCE) on any case to help prepare students practice the various components of the CCE, providing feedback as necessary.
- Faculty and supervisors may **NOT** review or provide feedback on students' CCE document, which should be a reflection of students' independent work. Peer review (e.g., fellow students, interns and post-docs) of written work is permitted.





Facts vs. Myths



MYTH: You must use a case from a specific theoretical orientation (e.g., CBT) to pass your CCE.

VARIATIONS: You cannot use a psychodynamic orientation. You cannot use an eclectic approach or “combine” multiple theoretical orientations.

FACTS:

- Any case that is an interactive, evidence-based, generally accepted treatment (or treatments) in clinical psychology are acceptable. Evidence-based treatments refer to treatments (broadly speaking) or intervention strategies that have research demonstrating their efficacy. Students sometimes interpret the term “evidence-based” to mean manualized treatments, but evidence-based treatments are **NOT** limited to manualized treatments. Many psychodynamic approaches have an evidence base to support them.
- Treatments limited only to relaxation training or play therapy are not allowed because they are not interactive (e.g., you would hear only the therapist and/or client and not the interactions between them). Broader treatments that include relaxation training and/or play therapy techniques as one component of treatment are permitted (when in doubt, check with DCT).
- Using eclectic approaches (or “blending” conceptualizations) is permitted as long as the student does so in a reflective, thoughtful way and the approaches used are evidence-based treatments or strategies. Students who have failed claiming to be using eclectic approaches may have had very unstructured treatments that seemed not to be guided by any particular case conceptualization or combination of approaches at all.



MYTH: You must have a “clean, perfect” (i.e., not too complex) case to pass the CCE.

VARIATIONS: I must be able to demonstrate positive outcomes/that my client met all therapy goals in order to pass my CCE.

FACTS:

- Choose a CCE case that demonstrates your competency in each of the competency areas.
 - Were you able to adequately assess and diagnose the client?
 - Did these inform your case conceptualization and treatment planning?
 - Did you demonstrate competency in the approach you were purporting to use?
 - Do you know how to evaluate outcome and critically evaluate your performance?
 - Were you able to identify the complexities in the case and problem solve appropriately?
- Complex cases are permitted provided that they were not so complex that you feel that your ability to demonstrate your skills was overwhelmed.
- Committee members understand that real-world clinical cases are complex and do not expect students to present only textbook cases of presenting problems.
- Committee members understand that clinicians sometimes implement appropriate treatments and troubleshoot difficulties along the way, but clients do not improve for a variety of reasons. You can control the process, but you cannot always control the outcome.



MYTH: My committee members do not subscribe to the theoretical orientation used for my CCE case. I'm afraid I'm going to fail!

VARIATIONS: My committee members have very different approaches to (a) assessment and/or (b) therapy, and there is no way to make them both happy

FACTS:

- Remember, the committee is there to evaluate your work based on widely accepted case conceptualizations and treatment model(s) and not just those from their own theoretical orientation. **Committee members should not base pass-fail decisions on the case conceptualization/treatment model or assessments you chose so long as it is within the standards of clinical practice and implemented well.**
- Many faculty are more open than you think to approaches beyond our own, as long as they are conceptualized and implemented well.
- If you wish, you could use your alternate conceptualization (or alternate assessment plan) to address these concerns, learning more about a different way you could approach the same problem along the way.
- In general, though, try not to worry about what the “right” or “wrong” answers might be based on your committee. Instead, show your committee that you understand the advantages and disadvantages to different approaches and be able to discuss why you chose your treatment model or assessment plan for your specific client.
- Committee members base pass-fail decisions on whether you were able to demonstrate competency within the theoretical orientation you chose (assuming it is an interactive, evidence-based, generally accepted treatment in clinical psychology), not whether you chose their preferred theoretical orientation or assessments.



MYTH: Faculty members each have their own checklist, and these vary widely.

FACTS:

- Faculty members all use the CCE Rating Form, which has recently been updated to add behavioral descriptors for each item. While faculty members may have different theoretical orientations and/or personal preferences for how cases should be handled, they are rating student performance on one standard CCE Rating Form.
- Faculty members are also provided a Faculty CCE training to train them on the revised CCE Rating Form and further strengthen faculty agreement on ratings.



MYTH: You may not present a case where the client presents with an Adjustment Disorder, an “Other Specified” Disorder, or “Other Conditions That May Be a Focus of Clinical Attention” (V-code).

FACTS:

- Students are not limited in their choice of presenting problems as long as it fits within the framework of applied clinical psychology.
- Presenting problems meeting diagnostic criteria for Adjustment Disorders, Other Conditions That May Be a Focus of Clinical Attention and the Other Specified (previously NOS) categories are appropriate content for CCE as long as the case lends itself to standards of care within clinical psychology and allows the CCE Committee sufficient material to evaluate student competency across domains using the CCE Rating Form.
- Any questions regarding the appropriateness of a particular case may be posed to the Director of Clinical Training for clarification in advance of submitting CCE materials.
- More information on case selection is included in the CCE Guidelines document.



MYTH: You may not present a case where sessions were conducted in a language other than English.

FACTS:

- You may present a case where sessions were conducted in a language other than English.
- Prior to the implementation of Theravue, students were required to translate taped sessions. This is no longer an issue.



MYTH: Whether a student passes or fails depends more on their committee than on their performance.

VARIATIONS: There is consistently poor reliability and inter-rater agreement on pass vs. fail decisions. There are faculty members with a long history of failing students.

FACTS:

- Faculty Agreement on pass-fail decisions is high (98.8%).
- In general, pass vs. fail decisions were supported by student scores on CCE Rating Form.
 - In 2017, average passing score was 85, whereas the average failing score was 60.
 - Failing CCEs scored below Passing CCEs in Assessment & Diagnosis (22 vs. 16), Intervention (34 vs. 25), Communication and Interpersonal Skills (17 vs. 12), and Professionalism (13 vs. 8).
- **The pass rate is high.** In 2017 and 2018, the pass rate was 96 percent!. It was 95% in 2019 and 98% in 2020!





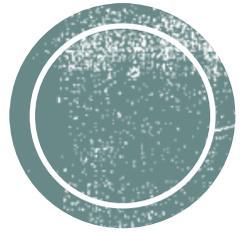
There is a CCE fail quota.

- *VARIATION*: We are required to have a certain number of students fail each year, so the more students who pass the CCE, the more worried I get!

FACT:

This is fake news.





Time and Stress Management



Tips and Tricks: Preparing Your CCE

- Review CCE Guidelines document and CCE Rating Form.
- Review Sample Documents, available in the Department of Clinical Training.
- Give yourself ample time to prepare and to edit your document.
 - Have classmates who are strong writers review and help you edit your document, both for content and organization and grammar/spelling errors, etc.
 - If you have not gone through at least three rounds of editing, both your own and with the feedback of others, it is likely not enough.
- Attend CCEs and Mock CCEs of advanced students. Be sure to conduct at least one Mock CCE before you turn in your document. This way, if you learn that something is unclear or inaccurate during your Mock CCE, you can remedy it in your document.
- Complete your own Mock CCE and be sure to include faculty and supervisors as well as fellow students.
- If you receive constructive feedback from faculty and supervisors, be sure to carefully consider and incorporate it. Grapple with the tougher questions and issues and seek clarification if you are unsure how to proceed.



Tips and Tricks: Preparing Your CCE

Schedule your date (or choose a week that you are shooting for), and schedule tasks and timelines, working backwards from then.

- For example:

1. Transcribe Theravue recordings soon after completing them and seek supervision around your responses and self-assessment rankings.
2. BPS Information, Diversity and Legal/Ethical Issues (one week)
3. Assessment, MSE and Monitoring of Treatment Outcome (one to two weeks)
4. Diagnosis and Differential Diagnosis (one week)
5. **Prepare Mock CCE DRAFT 1—request faculty and supervisor feedback (one to two weeks)**
6. Theoretical Model & Relevance (two weeks, with feedback)
7. Integration and Individualization of Treatment (one week)
8. Strengths/Limitations of Model, & Outcome/Self-Critique (one week)
9. DRAFT Completed: Check against CCE Rating Form to ensure that all relevant areas are adequately covered. Edit for Organization, Clarity and Length—request peer feedback (using CCE Rating Form), REVISE DRAFT (one week)
10. **Prepare Mock CCE DRAFT 2—edit for length, request faculty and supervisor feedback (one week)**
11. DRAFT 2 Completed: Edit for Organization, Clarity and Length—request peer feedback (using CCE Rating Form)—add Table of Contents and all formatting; REVISE DRAFT (2-3 days) and “sleep on it”
12. FINAL VERSION COMPLETED: Check against CCE Rating Form to ensure that all relevant areas are adequately covered; proofread carefully (2-3 days)!! Submit to Department and Celebrate! Get some rest....
13. Finalize CCE Presentation and edit for length (20 minutes max!): Practice, Practice, Practice!! (two weeks)
14. Attend Meeting...Best of Luck!!



Advice from Advanced Students

- Don't stress, start early, do many mocks, ask people to review your document.
- You should get started early and send your document to friends and colleagues...to read and give you advice. Write at least three drafts to make sure you do not have grammar or formatting mistakes.
- SCHEDULE MOCKS with not just your friends, but professors and other students you are not close with to give you feedback. Do as many mocks as possible.
- Know the therapeutic orientation of the committees. Make sure the language you use is simple and clear. No jargon.
- Invite some friends to go through the CCE presentation, slide by slide. And make sure you include friends with as many therapeutic orientations as possible.
- Schedule your CCE oral defense before fall semester—this will allow you to have ample time to prepare your internship applications in the fall.
- Don't listen to your peers. Your peers often perpetuate CCE rumors and create hysteria and unnecessary anxiety. Keep to yourself during the CCE process and if you have any questions, refer to Nova's written materials (or the DCT) regarding what is required in your presentation/document/etc.
- Overprepare. No matter how nervous you may be, if you are overprepared you come across as more confident AND competent. I was asked very few questions for this reason (and I had a committee member who is frequently "blacklisted").
- Don't be combative/defensive [during your meeting]. Your conceptualization and treatment may be good but there are always different approaches, so stand up for your actions but be open to other ways.



Advice from Advanced Students: What do you wish you had known before the CCE?

- “It’s simply not as insanely stressful as everyone says. Start early and be persistent and it will be just fine.”
- “I wish I would have known that I was not going to be grilled during the questions/discussion portion of the CCE presentation. It would have reduced a lot of anxiety to know how conversational [the Q&A part of the meeting] would be.”
- “[I wish I would have known] that it is **acceptable** to use an integrative model of treatment. If it wasn’t, then all cases from [my clinic] would have failed, and this is not the case.”



Best of Luck!!!

