

**Nova Southeastern
University
College of Psychology**

**CLINICAL COMPETENCY EXAMINATION
GUIDELINES
2018-2019**

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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 (i.e., it must be completed before a student can submit internship applications). 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. Faculty evaluate students using the CCE Rating Form (see Appendix A).

All students in the Doctoral Program in the College of Psychology are required to demonstrate mastery of specified clinical skills, including assessment and diagnosis, case conceptualization and treatment formulation, relationship and therapy skills, and written and oral communication, through the CCE as a component of establishing internship eligibility. It is the student's responsibility to identify a case for the CCE. Checklists of procedures for the student, CCE Chairperson, and each committee member participating in the Clinical Competency Evaluation are presented in Appendix B.

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. Academic eligibility for the CCE is checked by the Clinical Training Office.

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. In addition, the Clinical Training Office provides eligible students with the CCE eligibility checklists by email. Students can pick up hard copies of the eligibility checklists from the Clinical Training Office, if preferred.

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 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.

Timing

For **applicants** (planning to apply for internship that same year), 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** semester. The examination must be conducted while school is in session, not during intersessions or breaks. Students should be aware internship application deadlines may be earlier; thus, they are well advised to schedule the CCE at least within 10 (ten) days from their first internship application deadline to allow for evaluation of a third committee member should the decision of the CCE committee is deemed a split. 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.

Composition of the Examination Committee

The examination committee is comprised of two College of Psychology faculty members identified as eligible to serve by the Director of Clinical Training. **Case supervisors are excluded from serving as committee members (i.e., if a faculty member has supervised you on the case you present for CCE, they may not serve on your committee).** 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.

Committee Selection and Exam Scheduling

1. In the Winter semester of the third year, all students who anticipate taking the CCE during the following academic year will complete a CCE request form (see Appendix C) which:
 - a. Indicates the treatment modality of the case intended for presentation and the age range of case (e.g., geriatric, adult, child). This information may be used by the Director of Clinical Training to assign the evaluation committee.
 - b. Lists the names of seven (7) 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 seven 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 above regarding eligibility). Both faculty and student will be informed of the assignment sometime during the Summer semester.

3. The student contacts the committee members following the faculty's preference (see Appendix D) to schedule 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. Students are responsible for reserving an examination room at the time the examination is scheduled. Please, contact the Assistant of the Director of Clinical Training to schedule the room.
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 5 pm three (3) weeks before the examination date. If the materials are not provided by this deadline, the student will be required to move the date of the CCE.
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 a digital recorder or their own computers. 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 College of Psychology.
7. The student presents his/her case material orally during the examination, typically via a presentation (20 minutes maximum) and then through a question and answer period. The presentation is open to all faculty and registered students who wish to attend, but guests are not required. (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.

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 5 working days of the examination date, the individual committee members are responsible for submitting electronically their ratings the CCE Rating Scale to the Director of Clinical Training. In addition, each member should return all tapes to the student and decide whether to return or keep the written materials, unless other arrangements have been made with the student on an individual basis. If faculty member decides to keep the written materials, he/she securely store them under double key in the faculty's office.

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 other faculty 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. **Supervisors or 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. Supervisors or 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. Supervisors or faculty members may listen to and give feedback on the tape. Supervisors or faculty members who are not on the students' CCE committee may conduct Mock CCEs with the student who is preparing to defend his/her case.**

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. Co-therapy or group psychotherapy are not appropriate for evaluation of clinical competency.

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 presenting 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. In addition, presenting problems meeting diagnostic criteria for 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.

A. **Specific Content of the Written Document and Oral 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. **Assessment and Diagnosis**. 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, as well as any objective or projective test administered to the client. Appropriate documentation of the evaluation should be presented. Although a summary of assessment impressions and diagnosis is presented in the main document, documentation of the evaluation including summary of scores, interpretation, and treatment progress using figures and/or tables is typically included in appendices given the page limit (see section on length of written presentation below). In addition, the student should be prepared to support and discuss decisions made regarding the assessment procedure(s) used, as well as the basis for the diagnosis that the student arrived at based on the assessment information. When appropriate, differential diagnoses considered but ultimately ruled out should also be included as part of the presentation.

Students may develop an alternate assessment plan to demonstrate competency. While this is not required, it can be helpful to students at sites where assessment is discouraged and/or the student felt constrained in the types of assessment they were permitted to use.

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 general, the document should include information that would be contained in a biopsychosocial (BPS) evaluation, including: the presenting problem and symptoms noted and denied, details about the history of the presenting problem, the client's personal history, explanations to support diagnostic impressions and rule-outs, as well as the rationale and literature support for assessments used, assessment results, etc.). Any additional supporting material, which will render the document longer than 25 pages, can be included as appendices.

However, use appendices judiciously. In other words, include the most salient supporting documents and not include superfluous material. Examples of materials often included in the Appendices include figures of assessment results at different timepoints during treatment, de-identified clinical materials (e.g., completed thought records or anxiety hierarchies), etc. Remember, you may bring additional supporting materials to reference during the CCE Meeting. Please be sure to reference all Appendices in the text. 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. Please note that Appendices may not be used to skirt the 25 page maximum length of the document. Students submitting CCE documents that 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.

In printing the document, no typeface smaller than Courier 10cpi or font smaller than Times New Roman 12pt can be used. This is an example of Times New Roman 12-point.

D. Recorded Session

An actual therapy session shall be presented in one of the following formats, audiotape, videotape, digital or compact disk, or 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 review. 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 CCE candidate is responsible for submitting a recording of adequate quality to enable the examiners to hear and evaluate the sample therapy session effectively. There is no minimum length for such recordings, but each must demonstrate appropriate application of an evidence-based treatment of the client given his/her diagnosis. The maximum length for sample therapy sessions is 60 minutes. For therapy sessions that run longer than 60 minutes (e.g., exposure interventions), the candidate must select and submit the most representative contiguous 60 minutes of his/her sample therapy session. In instances in which therapy sessions are typically considerably shorter than 60 minutes (e.g., with young children or LTMI patients), candidates may select more than one COMPLETE therapy session to create a single recording that consists of more than one COMPLETE therapy session that total no more than 60 minutes (e.g., two 25-minute therapy sessions). In all instances, length of the sample therapy session must be justifiable in terms of the applicable evidence-based literature(s). A written transcript will not suffice as a substitute for a therapy tape of inadequate quality. Presentation of an inaudible recording may result in postponement of the CCE until such time as an adequate quality recording can be provided.

Students may complete the Clinical Competency Examination based on therapy conducted in languages other than English, provided that there is at least one faculty member in the department who could conduct a certification of the translation of the session transcript. An audiotape must be submitted as part of the CCE materials even if it is in a language other than English. The student must also provide a transcript of the audiotape in English ONLY (i.e., it is not necessary to provide a transcript in the other

language). If a session is conducted in a language other than English, then the student must contact a faculty member fluent in the other language to certify the accuracy of the student's transcript. Supervisors of the case who are bilingual are allowed to assist students with this process. The faculty member listens to the tape in the other language, compares it to the transcript provided in English, and makes suggestions for corrections, as needed. Once the transcript is deemed accurate, the faculty member should certify the translation in writing (see Appendix E) and send it to the Director of Clinical Training.

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, individualize the intervention to the client, 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 effect 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. The discussion of an alternative theoretical approach typically takes place during the question and answer portion of the evaluation. Thus, 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.**

Students have found it helpful to prepare themselves for the defense by (1) attending the CCEs of classmates in order to familiarize themselves with the process, (2) conducting mock CCEs with faculty not on their CCE committee and other students, and (3) 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, as past students have found that these practices increase confidence, prepare them for unexpected questions, and decrease some of the anxiety of presenting.

Examination Outcome

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 (Appendix A). **A total score of 70 or above is required to pass the CCE.**

- A. The committee members' decisions will result in one of the following outcomes.
 1. If both members render decisions of Pass, which indicates that the student obtained a total score on the CCE Rating Form greater than 70 points, 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. The third member should NOT contact the original committee members or review their ratings on the CCE scale to ensure that the evaluation is not biased and is conducted independently. 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.
- B. 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. The student is deemed ready for internship. The overall score the student obtained on the CCE is at or greater than 70 points.
 2. **Remediate indicates an appraisal that the student's overall clinical performance is fundamentally unsound, that he or she requires additional training in one or more areas prior to internship, 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.**
- C. 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, and be able to re-take the CCE. 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, with the addition of another committee member. The three-person committee 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 dispute their scores and/or pursue an appeal of the Committee's decision, should consult the Student Grievances and Appeals section of the College of Psychology Student Handbook for their respective program (Ph.D. or Psy.D.). .

Appendix A

Student's Name:
 Ph.D. or Psy.D. (circle one)
 Examiner's Name:
 Date of Evaluation:

COMPETENCY DOMAIN 1: Assessment and Diagnosis

- | | | |
|---|--|---|
| <input type="checkbox"/> Reason for Referral & Presenting Problem | <input type="checkbox"/> Vocational and Military Hx | <input type="checkbox"/> Past Suicidal or Self-Inj Bx |
| <input type="checkbox"/> Hx of Presenting Problem | <input type="checkbox"/> Legal Hx (inc. DCF Involvement) | |
| <input type="checkbox"/> Childhood History | <input type="checkbox"/> Medical Hx and Medications | <input type="checkbox"/> Religious/Spiritual Issues |
| <input type="checkbox"/> Educational History | <input type="checkbox"/> Psy Hx and Medications | <input type="checkbox"/> Cultural/Diversity Issues |
| <input type="checkbox"/> Family and Social History | <input type="checkbox"/> Family Psy and Medical Hx | <input type="checkbox"/> Strengths and Protective Factors |

	Competency Demonstrated		Competency Emerging (but below MLA)		Competency Not Demonstrated		Score
	5	4	3	2	1	0	
Intake, History and Current Functioning <i>Student provides information sufficient for diagnosis, case conceptualization and treatment planning.</i>	The BPS report provides a detailed history of presenting problem, background information, description of current functioning and/or risk assessment. Comprehensive coverage of all relevant background/history (see above).		The document provides some useful information but lacks a complete history of presenting problem, background information, description of current functioning and/or risk assessment. The information provided is not sufficiently detailed to inform the development of accurate diagnostic impressions, clinical formulations, and/or treatment recommendations OR the report lacks one or more key areas.		The document is lacking key information about the history of presenting problem, background information, description of current functioning, and/or risk assessment. The information provided is incorrect, inconsistent and/or does not inform the development of diagnostic impressions, clinical formulations, and/or treatment recommendations.		(0 to 5)

	Competency Demonstrated	Competency Emerging (but below MLA)	Not Demonstrated		Score
	3	2	1	0	
Mental Status Examination <i>Student gathers information needed to quickly assess client functioning</i>	MSE findings are generally summarized fully and accurately within the BPS report, including all components of mental status examination (and a suicide assessment). The mental status and behavioral observations inform diagnostic impressions and treatment formulations.	MSE findings are present but incomplete or inaccurate. Some important areas of assessment are incomplete or missing and/or findings in some areas are inaccurately or incompletely summarized in the document. MSE and behavioral observations offer little toward diagnostic impressions and/or treatment formulations.	MSE is omitted or wholly inadequate. Many important areas of assessment are incomplete or missing and/or findings across many areas are inaccurately or incompletely summarized in the document.		(0 to 3)

	Competency Demonstrated	Competency Emerging (but below MLA)	Not Demonstrated		Score
	3	2	1	0	
<p>Psychological Testing Personality Test or Broad/Narrow-Band Mental Health Measure or Behavior Checklist</p> <p>Reminder: Students' alternate assessment plans can be used to score this domain, if provided.</p>	<p>The measures selected <i>within this domain</i> are appropriate given the presenting problem(s). No obvious errors in administration or scoring are evident OR few minor errors in administration or scoring are evident, but do not compromise the validity of findings. Interpretation of results is complete and accurate and document demonstrates effective integration of testing data to yield a complete and accurate portrait of the client.</p>	<p>The measures selected <i>within this domain</i> are appropriate given the presenting problem(s), but perhaps incomplete. Several errors in administration and scoring are evident. Interpretation of results is accurate, but perhaps incomplete OR interpretation only superficially integrates testing data and so the portrait of the client is incomplete.</p>	<p>The measures selected <i>within this domain</i> were inappropriate given the presenting problem(s). Major errors in administration or scoring were evident that significantly compromise the validity of the findings. Interpretation of results is unsound, painting an inaccurate or misleading portrait of the client.</p>		<p>SCORE ONLY ONE <u>ONE</u> (0 to 3)</p>
<p>Psychological Testing Projective Test</p> <p>Reminder: Students' alternate assessment plans can be used to score this domain, if provided.</p>	<p>The measures selected <i>within this domain</i> are appropriate given the presenting problem(s). No obvious errors in administration or scoring are evident OR Few minor errors in administration or scoring might be evident, but these do not significantly compromise the validity of the findings. Interpretation of results is complete and accurate and document demonstrates effective integration of testing data to yield a complete and accurate portrait of the client.</p>	<p>The measures selected <i>within this domain</i> are appropriate given the presenting problem(s), but perhaps incomplete. Interpretation of results is accurate, but perhaps incomplete OR interpretation only superficially integrates testing data and so the portrait of the client is incomplete.</p>	<p>The measures selected <i>within this domain</i> were inappropriate given the presenting problem(s). Major errors in administration or scoring were evident that significantly compromise the validity of the findings. Interpretation of results is unsound, painting an inaccurate or misleading portrait of the client.</p>		<p>SCORE ONLY ONE <u>ONE</u> (0 to 3)</p>
<p>Psychological Testing Functional Analysis of Behavior</p>	<p>Clear statement of function, paired with a clear, well-formulated statement of the problem behavior (operational definition of the problem target). The resulting analysis yields some very targeted recommendations that allow the intervention's impact to be maximized or more efficient (i.e., analysis stressed providing a child with alternative, more socially-acceptable means of escape/avoidance of aversive activities).</p>	<p>Some reference was made to the function of behavior, but little effort was made to connect the function to any meaningful recommendations for intervention, so the value of the behavioral analysis was minimal.</p>	<p>There is no mention of the functions of behavior (i.e., attention, escape, access to activities/tangibles or sensory) and/or the behaviors of interest [i.e., target behavior(s)] were too poorly defined to yield an effective behavior analysis.</p>		<p>SCORE ONLY ONE <u>ONE</u> (0 to 3)</p>

	Competency Demonstrated	Competency Emerging (but below MLA)	Not Demonstrated		Score
	3	2	1	0	
<p>Monitoring of Treatment Progress</p> <p><i>This item addresses the question “how will you know that your client is getting better?” Student demonstrates the ability to track treatment progress and outcome using measures appropriate to the treatment goals and/or clinical observation.</i></p> <p>Reminder: Students’ alternate assessment plans can be used to score this domain, if provided.</p>	<p>The document contains meaningful and accurate information concerning how the client is or is not benefiting from treatment. Data are obtained for either change in client behavior (i.e., presenting problems or symptoms) or change in attitudes or perceptions (if those are treatment targets). Data should be collected at least twice (pre- and post-treatment) but preferably more frequently during treatment. Improvements in client functioning based on client report and/or clinical observation can also be used. Visual representation of progress (i.e., graphs) is preferred but not essential to meet this competency.</p>	<p>The document contains information concerning how the client is or is not benefiting from treatment (see “competency demonstrated” description), but those data are inadequate for evaluating progress, either because the data are not consistent with treatment goals or because the data were not collected frequently enough or were of poor quality (unreliable/invalid).</p> <p>Note: Idiographic measures can be valid if the client is trained in data collection methods that provide important data on outcome- i.e., sleep logs, etc.)</p>	<p>The document contains little or no information concerning how the client is or is not benefiting from treatment (see “competency demonstrated” description). When asked, the student is unable to identify any possible measures or methods that might provide information about the client’s achievement of the therapeutic goals.</p>		(0 to 3)

	Competency Demonstrated		Competency Emerging (but below MLA)		Competency Not Demonstrated		Score
	5	4	3	2	1	0	
<p>DSM-5 Diagnosis</p> <p><i>Student provides accurate diagnos(es), including appropriate justification for diagnoses selected; relevant specifiers are included.</i></p>	<p>Student accurately summarizes symptoms, assigns reasonable diagnoses and considers and assigns relevant comorbidities and specifiers.</p> <p>Note: This item allows for the fact that even experienced clinicians will sometimes differ in their views of the most appropriate diagnosis. When rating this item, please consider the students' justification for diagnoses assigned as well as knowledge of diagnostic criteria.</p>	<p>Student inaccurately summarizes some symptoms or provides an inaccurate diagnosis, but one within the same class of diagnoses that does not significantly impact treatment planning. OR student provides one reasonable diagnosis, but overlooks a likely co-morbid diagnosis.</p>	<p>Multiple required elements for assigning a reasonable diagnosis may be missing AND/OR several errors were made (i.e., inaccuracies or omissions) in describing findings. Rationale for diagnosis is questionable or the summary and rationale do not lead logically to the assigned diagnosis.</p>	(0 to 5)			

	Competency Demonstrated	Competency Emerging (but below MLA)	Not Demonstrated		Score
	3	2	1	0	
<p>Differential Diagnosis</p> <p><i>Student identified appropriate alternative diagnoses and provided rationale for ultimately ruling them out.</i></p>	<p>Student considered appropriate alternative diagnoses. The rationale for considering these diagnoses and the justification for ruling them out were clear.</p>	<p>Student considered appropriate alternative diagnoses, but rationale for consideration or justification for ruling them out were inaccurate or unclear.</p>	<p>Student did not identify appropriate differential diagnoses for the case or inappropriately ruled out a diagnosis that should have been assigned.</p>	(0 to 3)	
<p>(Written) Justification for Diagnoses</p> <p><i>Student provides appropriate justification for diagnoses selected by linking symptoms to DSM-5 criteria using DSM-5 language.</i></p> <p>NOTE: Raters can score this domain based on whether diagnoses and their justification were clear from the written document alone.</p>	<p>The document provides complete and accurate justification for diagnoses, including a complete description of symptoms, frequency/duration, statement re: distress/impairment, and any other criteria laid out in DSM-5 for making the diagnoses. Any relevant specifiers are included and the justification for each is clear. Any errors or omissions are minor and do not significantly compromise the students' justification for assigned diagnoses.</p> <p>Student uses DSM-5 language appropriately and consistently in describing symptoms and diagnoses.</p> <p>NOTE: The requirements above must be met for each assigned diagnosis.</p>	<p>The summary of findings in the document is missing required elements for a correct diagnosis (e.g., course, statement of impairment/distress, etc.) and may contain minor errors (i.e., inaccuracies or omissions), such that rationale for assigned diagnoses is unclear. Relevant specifiers and/or their justification are omitted.</p> <p>Student uses DSM-5 language inconsistently; symptom descriptions are not clearly tied to DSM-5 criteria.</p>	<p>Multiple required elements for making an accurate diagnosis may be missing AND/OR several errors were made (i.e., inaccuracies or omissions) in describing findings. Rationale for diagnosis is questionable or the summary and rationale do not lead logically to the assigned diagnosis.</p> <p>Student rarely uses DSM language; links between reported symptoms and DSM criteria are missing or unclear, leading the reader to question the diagnosis.</p>	(0 to 3)	

ASSESSMENT AND DIAGNOSIS SUBSCORE (POSSIBLE POINTS: 0 TO 25)

[COMPETENCY ATTAINMENT = 17.5 OR HIGHER]

NOTE: Scores within competency domains will not be used to make pass vs. fail decisions, but we are collecting these data to evaluate competencies for the APA Self Study and to provide students with feedback on their performance in relevant competency domains.

COMPETENCY DOMAIN 2: Intervention (formerly Case Conceptualization and Treatment Formulation)

	Competency Demonstrated		Competency Emerging (but below MLA)		Not Demonstrated		Score
	5	4	3	2	1	0	
Theoretical Model	Student 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.		Student is able to describe a theoretical approach or integration of two or more such approaches with adequate depth of understanding of the theories.		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 to 5)
Relevance	The approach is based on a careful consideration of client and therapist goals and a thorough assessment of all the most clinically relevant issues that are presented (i.e., suicidal behavior, history of sexual abuse, substance abuse, severe psychopathology).		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.		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 to 5)
Integration	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.		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.		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 to 5)
Flexibility of Approach	Student 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.		Student is able to describe an alternative approach with adequate understanding of the basic principles and some degree of applicability to the case.		Student is unable to articulate an alternative model and/or provides no applicability to the actual case.		(0 to 5)
Strengths and Limitations of Intervention Model and Alternate Model	Student 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.		Student has some understanding of the limitations of the model, but unaware of many contraindications or has no insight into the limitations of the alternate model.		Student is unable to adequately discuss the limitations or indications of both their intervention model and the alternate model.		(0 to 5)
<i>Student clearly identifies the strengths and limitations of the <u>treatment</u> they selected and their alternate treatment.</i>							

	Competency Demonstrated		Competency Emerging (but below MLA)		Not Demonstrated		Score
	5	4	3	2	1	0	
<p>Fidelity of Intervention</p> <p>This item should be rated across the document, presentation and taped session.</p>	<p>The document, presentation and taped session describe many interventions that accurately and consistently reflect the student’s conceptualization and adherence to their treatment model(s).</p>		<p>The document, presentation and taped session reflect some interventions that are consistent with the student’s conceptualization, but the interventions are often unrelated or inconsistent with the student’s conceptualization and treatment model(s).</p>		<p>The document, presentation and taped session reflects little to no correspondence with the student’s treatment model(s) OR it is difficult to tell from the taped session that the student was guided by his/her conceptualization or treatment model(s). For example, the taped session might reflect a warm, positive conversation, but therapeutic content is largely absent.</p>		(0 to 5)
<p>Intervention Skills</p> <p>This item is specific to Intervention Skills as demonstrated in the taped session.</p>	<p>Intervention skills (as demonstrated in tape) were organized and well-executed. If mistakes are present, they are minor, do not fundamentally misrepresent the intervention, and are not expected to negatively impact the client’s response to treatment.</p>		<p>Intervention skills (as demonstrated in tape) reflected a basic understanding of the intervention skills implemented, but contained one or more major error (s) or multiple smaller errors. Although some core skills are present, it was not enough to capture the spirit of the approach and/or would possibly negatively impact the client’s response to treatment.</p>		<p>Intervention skills (as demonstrated on tape) were poorly implemented and contained significant errors or specific intervention strategies were inadequate or missing. The work demonstrated on the tape would likely negatively impact the client’s response to treatment.</p>		(0 to 5)
<p>Individualization of Treatment</p>	<p>The treatment plan clearly tailors strategies presented to the specific information provided about the case. Consideration of the individual case can be seen in almost all descriptions of the treatment plan and/or intervention strategies to be implemented. Even in directive sessions, student tailors manualized content to situations in the client’s life and looks to additional evidence-based practices or treatments when some element of the client’s presenting problem is not covered within the treatment chosen.</p>		<p>Important aspects of the case are considered and incorporated into treatment planning. However, most descriptions of the treatment plan and/or intervention strategies are generic and not tailored to the case (e.g., rigidly following a treatment manual without considering important aspects of the case or failing to incorporate important elements of the client’s presenting problem simply because it is not covered within the treatment chosen).</p>		<p>The treatment plan does not adequately consider specific case characteristics and does not address important aspects of the case.</p>		(0 to 5)
<p>INTERVENTION (POSSIBLE POINTS: 0 TO 40)</p> <p>[COMPETENCY ATTAINMENT = 28 OR HIGHER]</p> <p><i>NOTE: Scores within competency domains will not be used to make pass vs. fail decisions, but we are collecting these data to evaluate competencies for the APA Self Study and to provide students with feedback on their performance in relevant competency domains.</i></p>							

COMPETENCY DOMAIN 3: Communication and Interpersonal Skills (formerly Relationship Skills and Communication)

	Competency Demonstrated		Competency Emerging (but below MLA)		Not Demonstrated		Score
	5	4	3	2	1	0	
<p>Listening, Understanding and Empathy</p> <p><i>Student demonstrates listening skills that facilitate rapport building and the therapeutic alliance</i></p>	<p>The taped session reflects a solid command of effective listening and communication of understanding and empathy. For example, student uses verbal encouragers, content and feelings reflections, and summaries to communicate an understanding of client’s concerns and feelings. There are few, if any, therapist interruptions or digressions.</p>		<p>The taped session reflects adequate command of effective listening and communication of understanding and empathy. For example, student uses some verbal encouragers, content and feelings reflections, and summaries, but there are several notable missed opportunities to communicate an understanding of client’s concerns and feelings. There are several therapist interruptions or digressions and/or summaries might inaccurately capture client concerns.</p>		<p>The taped session reflects poor command of effective listening and communication of understanding and empathy. For example, student rarely uses verbal encouragers, content and feelings reflections, and summaries, or there are many notable missed opportunities to communicate an understanding of client’s concerns and feelings. There are several therapist interruptions or digressions and/or summaries often miss the client’s expressed concerns.</p>		(0 to 5)
<p>Open-Ended Questioning & Other Facilitating Techniques</p>	<p>The taped session reflects a solid command of use of open-ended questions and other facilitating techniques, including clarification, confrontation, feedback, and silences in exploring client concerns.</p> <p>In more directive sessions, the therapist engages client’s in their own learning, checks their understanding of material covered, and paces the session appropriately by meeting the client where they are in their learning.</p>		<p>The taped session reflects an adequate command of use of open-ended questions and other facilitating techniques, including clarification, confrontation, feedback, and silences in exploring client concerns, but the therapist uses these strategies infrequently or in ineffective ways resulting in some missed opportunities to enhance client exploration.</p> <p>In more directive sessions, the therapist misses opportunities to engage clients in their own learning, infrequently checks clients’ understanding of material covered, and sometimes misses client cues in pacing the session, resulting in a mismatch between material covered and client learning.</p>		<p>The taped session reflects poor command of use of open-ended questions and other facilitating techniques, including clarification, confrontation, feedback, and silences in exploring client concerns. The therapist rarely uses these strategies or uses them ineffectively resulting in many missed opportunities to enhance client exploration.</p> <p>In more directive sessions, the therapist only minimally engages client’s in their own learning, rarely checks clients’ understanding of material covered, and inadequately paces the session, resulting in a mismatch between material covered and client learning that is likely to undermine the client’s progress.</p>		(0 to 5)

	Competency Demonstrated		Competency Emerging (but below MLA)		Not Demonstrated		Score
	5	4	3	2	1	0	
<p>Written Communication</p> <p><i>Student exhibits a command of written communication skills in the CCE document and presentation.</i></p>	<p>Organization: The written report is clearly written, easy to follow, and organized using headings and subheadings. The paper is generally commensurate with doctoral-level training.</p> <p>Grammar: Few (if any) grammatical, syntactical, spelling errors and/or typographical errors.</p> <p>This is a polished final draft which was carefully reviewed and proofread.</p>	<p>Organization: The document is disorganized or confusing and the information follows a specific structure inconsistently (e.g., headings and subheadings used inconsistently, information presented in wrong area).</p> <p>Grammar: Some grammatical, syntactical, spelling errors and/or typographical errors occasionally noted, but generally easy to read.</p>	<p>Organization: The document is very disorganized and/or incoherent and the information is presented haphazardly with little attention to structure and organization, making it hard to follow or read.</p> <p>Grammar: Significant grammatical, syntactical, spelling errors and/or typographical errors noted throughout the document, making it difficult to read.</p>	(0 to 5)			
<p>Oral Communication</p> <p><i>Student exhibits a command of presentation skills during the presentation and of interpersonal communication skills during their oral defense.</i></p>	<p>Student presented in a confident, poised, and well-organized manner. They were well-prepared for questions and evidenced an ability to understand, consider and appropriately respond to questions during their oral defense.</p>	<p>The student’s presentation was somewhat disorganized or unclear (e.g., issues with timing, flow or preparation). They were underprepared for questions and exhibited difficulty understanding, considering and appropriately responding to questions during their oral defense.</p>	<p>The student’s presentation was very disorganized and unclear. Issues with timing, flow or preparation were all present. They were unprepared for even basic questions about their case and exhibited difficulty understanding, considering and appropriately responding to questions during their oral defense, even those that assess for basic knowledge in the field.</p>	(0 to 5)			
<p>COMMUNICATION AND INTERPERSONAL SKILLS (POSSIBLE POINTS: 0 TO 20)</p> <p>[COMPETENCY ATTAINMENT = 14 OR HIGHER]</p> <p><i>NOTE: Scores within competency domains will not be used to make pass vs. fail decisions, but we are collecting these data to evaluate competencies for the APA Self Study and to provide students with feedback on their performance in relevant competency domains.</i></p>							

COMPETENCY DOMAIN 4: Professionalism (This section pulls together items that were formerly in other Competency Areas.)

	Competency Demonstrated		Competency Emerging (but below MLA)		Not Demonstrated		Score
	5	4	3	2	1	0	
Legal/Ethical Issues	Student carefully considers legal implication of case, including reporting requirements, while maintaining respect for client confidentiality and commitment to high professional standards.		Student adequately protects client confidentiality but ignores more subtle issues pertaining to the professional relationship (e.g., boundary issues) or fails to consider legal implications, including reporting requirements.		Student fails to address important legal responsibilities in case, including overlooking important reporting requirements, and/or fails to protect client confidentiality.		(0 to 5)
Diversity <i>Student clearly identifies diversity issues relevant to the case and describes how these were incorporated into treatment.</i> NOTE: The term “cultural” refers broadly to human diversity issues (e.g., gender, ethnicity, faith, immigration status, LGBTQ, disability, etc.).	Discussion of diversity issues relevant to the case was sophisticated and commensurate with doctoral-level training. The cultural expressions of the disorder and its culture-specific risk and protective factors were clear and incorporated into treatment.		Diversity issues relevant to the case were noted, but lacked a sophisticated understanding of the cultural expressions of the disorder or its culture-specific risk and protective factors was lacking and/or diversity issues were not incorporated into treatment.		Very few diversity issues relevant to the disorder were noted, and discussion was superficial or largely absent.		(0 to 5)
Professional values, attitudes, and behaviors: Outcome/Self-Critique: Strengths and Limitations in Students’ Clinical Work <i>Student clearly identifies the strengths and limitations of their clinical work and implementation of treatment.</i>	Student 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.		Student 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.		Student 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 to 5)
PROFESSIONALISM (POSSIBLE POINTS: 0 TO 15) [COMPETENCY ATTAINMENT = 10.5 OR HIGHER]							
<i>NOTE: Scores within competency domains will not be used to make pass vs. fail decisions, but we are collecting these data to evaluate competencies for the APA Self Study and to provide students with feedback on their performance in relevant competency domains.</i>							

COMPETENCY DOMAIN <i>(POSSIBLE SCORE/COMPETENCY ATTAINMENT SCORE)</i>	SCORE
<i>Scores within competency domains will not be used to make pass vs. fail decisions, but we are collecting these data to evaluate competencies for the APA Self Study and to provide students with feedback on their performance in relevant competency domains.</i>	
ASSESSMENT AND DIAGNOSIS <i>(0 TO 25; COMPETENCY ATTAINMENT = 17.5+)</i>	
INTERVENTION <i>(0 TO 40; COMPETENCY ATTAINMENT = 28+)</i>	
COMMUNICATION AND INTERPERSONAL SKILLS <i>(0 TO 20; COMPETENCY ATTAINMENT = 14+)</i>	
PROFESSIONALISM <i>(0 TO 15; COMPETENCY ATTAINMENT = 10.5+)</i>	
TOTAL SCORE (0 TO 100: TOTAL SCORE MUST BE GREATER THAN OR EQUAL TO 70 IN ORDER TO PASS THE CCE.)	

_____ PASS (TOTAL SCORE IS GREATER THAN OR EQUAL TO 70)

_____ REMEDIATE (TOTAL SCORE IS LESS THAN 70)

 Faculty Signature

 Date

Please enter your ratings within **five days**. Thank you!

Appendix B

Procedure Checklist for Students

1. ____ Review CCE Guidelines
2. ____ Seek course eligibility clearance from Clinical Training Office.
3. ____ Obtain, complete, and submit CCE committee request form.
4. ____ Once committee has been assigned, contact faculty members to arrange for an oral exam date. See Appendix B for a list of faculty names and preferred method of contact and timing.
5. ____ At least four (4) weeks in advance of the CCE, contact the Assistant in the Clinical Training Office to arrange for room reservation space and public posting. 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 scheduled CCE, turn in three (3) copies of your document and two (2) copies of your audio recording to the Office of Clinical Training to be distributed to the committee members. **If the materials are not provided by 5 pm three weeks before the scheduled CCE, the student will be required to move the date of the CCE.**
7. ____ Decide how to audio 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 tape space. (1½ to 2 hours is typical)
8. ____ On the date of your CCE, 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. ___ Respond to the student's request to schedule CCE within seven days (unless out of office with vacation autoreply on email or answering machine)
2. ___ Review written and taped materials before the exam. Given that final scores must be tallied before the end of the CCE meeting (to determine whether a score of 70 or above was earned), it can be helpful to begin completing the CCE Rating Form during review of written and taped materials, with the understanding that scores can be adjusted during the oral defense.
3. ___ Conduct the oral examination and direct the evaluation of the candidate.
4. ___ Complete the CCE Rating Scale, and render an independent pass or remediate decision immediately after the examination (while the student waits outside the examination room).
5. ___ Make sure that each individual members' score on the CCE Rating Scale adds up to 70 or above if it is "Pass" or below 70 if it is a "Remediate" decision. Ask committee members for feedback on strengths and weaknesses noted during the CCE.
6. ___ Inform the student immediately of Committee's decision (Pass, Remediate, or Split Decision). Summarize committee feedback on strengths and weaknesses noted during the CCE and share this information with the student during the feedback portion of the meeting. **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.**
7. ___ Return the therapy tape to the student for appropriate disposal. The faculty member may also choose to return the written presentation materials to the student after the evaluation or may choose to retain them.
8. ___ Submit the completed sign-off form to the Director of Clinical Training immediately after the evaluation.
9. ___ Ensure that the student submits the audiotape(s) of the oral examination to the Clinical Training Office on the day of the examination.
10. ___ Submit the completed CCE Rating Scale to the Director of Clinical Training electronically or hard copy within 5 working days of the evaluation. The inclusion of comments on the CCE Rating Scale can be particularly helpful, especially in cases of remediation as they can guide the recommendation of the remediation committee.

Procedure Checklist for Committee Member(s)

1. ___ Respond to the student's request to schedule CCE within seven days (unless out of office with vacation autoreply on email or answering machine)
2. ___ Review written and taped material before exam. Given that final scores must be tallied before the end of the CCE meeting (to determine whether a score of 70 or above was earned), it can be helpful to begin completing the CCE Rating Form during review of written and taped materials, with the understanding that scores can be adjusted during the oral defense.
3. ___ Complete the CCE Rating Scale, and render an independent pass or remediate decision immediately after the examination (while the student waits outside the examination room).
4. ___ Return the therapy tape to the student for appropriate disposal. The faculty member may also choose to return the written presentation materials to the student after the evaluation or may choose to retain them.
5. ___ Submit the completed CCE Rating Scale to the Director of Clinical Training electronically or hard copy within 5 working days of the evaluation. The inclusion of comments on the CCE Rating Scale can be particularly helpful, especially in cases of remediation as they can guide the recommendation of the remediation committee.

Appendix C

CCE REQUEST FORM

Place your completed form in the designated box in the Clinical Training Office.

NAME _____

DATE _____

PHONE NUMBER _____

N # _____

E-MAIL _____

PSY.D _____ PH.D _____ CURRENT YEAR IN PROGRAM: 3 4 5+

YEAR OF ENTRY: _____

A. My faculty supervisor on the case I intend to present for my CCE is/was:

_____**

B. Are you in a concentration? _____Yes _____No

If yes, who is the coordinator? _____**

C. Are you or have you been a Faculty Program Coordinator?

_____Yes _____No

If yes, for what professor/PSC program and year? _____**

D. What is the patient demographic for the case you are presenting? (please circle one)

Child Adolescent Adult Geriatric

**The people listed above CANNOT serve as committee members

E. Please provide the names of SEVEN (7) faculty members in order of your preference (1- most preferred, 2- second choice, etc.). Your CCE Committee Chairperson will be selected from the list you provide below (However, your second member will NOT necessarily be selected from those on your list):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____

F. This will be the FIRST _____ SECOND _____ THIRD _____ FOURTH _____ time I have taken the CCE (check one).

If this is your second or third time, please list the members on your ORIGINAL committee(s):

G. Specify any other special considerations which you believe bear on the choice of your committee member: (e.g., name ONE Faculty member who you believe would not be appropriate for your committee) **Please note--if you choose to list more than one professor, only the first name will be considered.

Appendix D**College of Psychology CCE Directory**

The following is a list of faculty members (12- or 9- month) you may choose from when listing your committee member choices:

1. Amarilis Acevedo (12)
2. Soledad Arguelles-Borge (12)
3. Ryan Black (12)
4. Stephen Campbell (9)
5. Gene Cash (12)
6. Jennifer Davidtz (12)
7. Christian DeLucia (12)
8. Jan Faust (12)
9. Ana Fins (12)
10. Diana Formoso (12)
11. Barbara Garcia-Lavin (12)
12. Charles Golden (12)
13. Alan Katell (12)
14. Tom Kennedy (12)
15. Jeffery Kibler (12)
16. John Lewis (12)
17. Stephen Messer (12)
18. Timothy Moragne (9)
19. Barry Nierenberg (12)
20. Scott Poland (12)
21. Bady Quintar (12)
22. David Reitman (12)
23. Barry Schneider (12)
24. Robert Seifer (12)
25. David Shapiro (12)
26. Mark Sobell (12)
27. Ashley Stripling (12)
28. Lourdes Suarez-Morales (9)
29. Jessica Valenzuela (12)
30. Sarah Valley-Gray (12)
31. Vincent Van Hasselt (12)
32. Angela Waguespack (10)

Appendix D

Certification of Translated Session Transcript

To: [Name] – Director of Clinical Training

From: [Name of faculty member conducting certification]

Date:

Subject: Verification of CCE transcription for [Name of Student]

I have listened to [Name of Student]'s CCE tape of a session that was conducted in Spanish and have verified that the English transcription she submitted in her document is accurate.

[Signature of Faculty Member]