

Comprehensive Examination Portfolio

Guidelines and Policy

Clinical Psychology Ph.D. Program

Revised and Approved by Clinical Faculty

July 8, 2021

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Comprehensive Examination Portfolio Guidelines and Policy

Purpose of Comprehensive Examination (CE)

The purpose of the Comprehensive Examination is to evaluate students' attainment of program goals and clinical and research competencies prior to admission to candidacy. Specifically, the CE will evaluate achievement of general clinical research and services competencies, and the specialization area competencies appropriate to the student's training track (i.e., New Haven Competencies for the Trauma track, and Pikes Peak Model Competencies for the Geropsychology track). The competencies are listed in Appendix A.

Objectives:

- 1) Demonstrate competence in breadth of knowledge in the scientist-practitioner model of clinical psychology.
- 2) Demonstrate ability to integrate and apply knowledge in clinical psychology generally and within the area of emphasis (gero or trauma).
- 3) Demonstrate ability to produce scientific products appropriate for dissemination within the discipline and to lay audiences.

Overview

The Comprehensive Examination for the Clinical Psychology Ph.D. program at UCCS consists of the following components that are to be presented to the DCT and/or ADCT if applicable according to the format prescribed in this document on the deadlines stated therein.

I. Clinical Competency Examination (CCE)

- A. **Assessment Case Analysis** – written analysis and oral defense of analysis of a novel psychological assessment case.
- B. **Clinical Case Presentation** – written and oral defense of psychological services provided to a client by the student.
- C. **Clinical Skills Evaluations** – clinical skills evaluations from each supervisor organized sequentially throughout the program by semester.

II. Research Competency Examination

- A. **Research Paper** – Your paper can either be a review article or an empirical article that has been submitted or published in a peer-reviewed journal and that is primarily the work of the student, with the student as first author (excludes case studies).
- B. **Research Dissemination** – written or oral presentation that disseminates research for a public audience outside of psychology, with documentation (e.g., outline and evaluation of oral presentation; published piece for lay audience).

III. Oral Examination

- A. **Oral Case Presentation**
- B. **Questions and Answers over all of above materials**

Timeline of Comprehensive Examination

Spring Comprehensive Examination

January 1	Comprehensive Examination Guidelines and Policies on the Psychology Department web page will be the official guideline for that semester.	www.uccs.edu/psych
January 20	Students submit intent to take the Comprehensive Examination this semester.	Form on web; submit to DCT
February 1	Case available for Assessment Case Analysis portion	Sent from DCT via email
March 15	Assessment Plan Due	Submit to DCT via email
March 16	Assessment data available for Assessment Case Analysis	Sent from DCT via email
May 1	Portfolio Due	Submit hard copy in binders OR electronic document to DCT
May 1	Faculty committee (consisting of 2 faculty members) assigned by DCT via email	
Monday after graduation	Oral Defense of Portfolio	

Fall Comprehensive Examination

August 1	Comprehensive Examination Guidelines and Policies on the Psychology Department web page will be the official guideline for that semester.	www.uccs.edu/psych
August 20	Students submit intent to take the Comprehensive Exam this semester.	Form on web; submit to DCT
September 1	Case available for Assessment Case Analysis portion	Sent from DCT via email
October 15	Assessment Plan Due	Submit to DCT via email
October 16	Assessment data available for Assessment Case Analysis	Sent from DCT via email
December 1	Portfolio Due	Submit hard copy in binders OR electronic document to DCT
December 1	Faculty committee (consisting of 2 faculty members) assigned by DCT via email	
Monday after graduation	Oral Defense of Portfolio	

GENERAL GUIDELINES

1. Eligibility: Qualification and Readiness

Students may declare intention to take the Comprehensive Examination (CE) after completing their M.A. degree requirements. Students entering the program with a Master's degree earned elsewhere must spend at least two semesters in residence at UCCS before completing the CE. Students are strongly encouraged to be enrolled in or have completed either PSY 6620 (Clinical Geropsychology II) or PSY 6630 (Clinical Trauma Psychology) before beginning the Comprehensive Examination. Students also must have either completed or be concurrently enrolled in the assessment rotation associated with their track (Neuropsychology rotation at the UCCS Aging Center or Trauma Assessment sequence) during the semester in which the student takes the CE. Eligibility is affirmed by signature of the Director of Clinical Training.

2. Delivery of the Comprehensive Examination

The Comprehensive Examination is presented by the student to the DCT in a portfolio format electronically via email attachment or on a thumb drive. The segments of the portfolio should be clearly marked in separate documents entitled in the following format: NAME, DATE, ITEM NAME (e.g., Assessment Plan, Practicum Evaluations [years of evaluations, e.g., 2019-2021]). The DCT will distribute to the faculty evaluators.

3. Independence of Work

The student is expected to complete the Comprehensive Examination as independently as possible although consultation is permitted with committee members, other faculty members, and peers who have already completed the Comprehensive Examination. The purpose of these consultations *cannot* be focused on previous exam materials; rather, consultations could be of the type clinicians seek from colleagues. Students are not allowed to obtain materials from previous Comprehensive Exams from previous student examinees. Identifying critical resources is considered a piece of the Comprehensive Examination. We expect students to work in an iterative fashion with their consultants to achieve the highest quality product, but students should not expect to be given the "answer." Instead, consultants will work with the student to think in a more comprehensive, integrative, and deep manner. Regardless of consultations, the final product must reflect the student's own work and presentation. All editing of written materials is the student's responsibility. Students may also seek consultation with the DCT regarding the requirements or mechanisms for meeting requirements. Please be sure to safeguard confidentiality throughout the process.

4. Format and Length

Guidelines concerning the content and format of the sections of the examination are provided in the specific sections below. All written materials are to follow APA publication format guidelines (e.g., margins, font, and page layout).

5. Recording of Oral Defense

The student is responsible for bringing a digital recorder to record the oral presentation and defense. The audio recording of the oral presentation and defense is used to resolve disputes, such as a "split decision" by the two examiners. Upon completion of the faculty deliberation, the student's recording of the oral defense will either be given to the DCT (if the decision was either "fail" or "split"), or will be given to the student to destroy (if the decision is pass).

6. Timing of CE

Students must complete the Comprehensive Examination prior to admission to candidacy for the Ph.D. degree.

- a. As such, students typically do not complete a dissertation proposal meeting before completing the Comprehensive Examination; exceptions will be reviewed by the DCT on a case by case basis. However, students may register for some dissertation credits before completing the Comprehensive Examination (see the Graduate Handbook for details).
- b. Note that successful completion of the CE is required before advancing to candidacy and application to internship.

SECTIONS OF THE COMPREHENSIVE EXAM

I. Clinical Competency Examination (CCE)

A. *Psychological Assessment Case Analysis*

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

- Formulation of an **Assessment Plan** (e.g., how would you evaluate the client provided in the Assessment Case Analysis?). This document is 5-7 double-spaced pages maximum. This may be in outline form. Note that this is submitted to the DCT electronically, and is later submitted again as part of the final portfolio submission).
 - i. Rationale for the assessment/evaluation plan chosen (e.g., state your reasons for the assessment approach you have chosen)
 - ii. Measures/Instruments/Assessment Tools recommended (describe and cite any distinctive aspects of the use of the measures, instruments, and tools required by the case)
- **Assessment Report that includes diagnostic and clinical formulation** using assessment data presented from DCT. Recommended length depends on track and if personality testing data is provided; expected length is between 10 and 25 double-spaced pages maximum).

Assessment Report Structure

We recognize and appreciate that students in our program experience some variation in the ways in which they are trained to conduct assessments and complete written reports. As such, we leave it up to the student to determine the formal structure of the Assessment Report. The content of your report must be written in *your own words* rather than being copied and pasted from a report

template. The point here is for us to evaluate your original thinking and writing and for you to avoid any semblance of plagiarism.

Two examples of assessment report structures are provided below, representing a more general psychological assessment and a neuropsychological assessment. You will be given data consistent with one of these. Again, the structures provided below are general guidelines only. The student should feel free to modify the structure according to the student's training experiences and guidance from supervisor or ADCT/DCT.

Example 1 – General Psychological Assessment

Background

Information

Presenting

Problem

Brief Psychosocial History and Context

Brief Summary of Health and Functional Status

Health includes Medical Hx such as current conditions, labs, neuroimaging, current medications Behavioral Observations/Mental Status Exam

Test Results

Cognitive Functioning (Intellectual/IQ)

Neurocognitive Functioning (includes Attention, Memory, Language, Executive Functioning, and Visual/Spatial Abilities)

Personality and Social and Emotional

Functioning Diagnosis and Diagnostic

Formulation

Clinical Formulation

Contributing and Sustaining Factors Related to Client's Area of Difficulty Prognosis and Prediction of Impact of Treatment

Treatment

Recommendations

Goals and

Strategies

Example 2 – Neuropsychological Assessment

Reason for Referral

Presenting Problem and History of Present Illness

Past Medical History, including neuroimaging, laboratory tests, current medications Family History

Functional and Neuropsychiatric Status, including change in functioning, current functioning, mood/neuropsychiatric symptoms

Behavioral Observations

Neuropsychological Assessment Cognitive Test Results

Screening of Basic Abilities Necessary to Complete Testing Effort/Motivation

Estimate of Premorbid
 Intelligence Global
 Cognitive Functioning
 Language
 Object Recognition
 Visuospatial Skills and
 Visual Attention Memory
 Executive Functioning and
 Comportment Summary and
 Diagnostic Impressions
 Recommendations to Maximize Daily Functioning or
 recommendations related to decision-making capacity related to
 health and safety

B. Clinical Case Presentation

Students will present their psychotherapy work with a real clinical case they have treated for a minimum of 6 sessions in the training program at UCCS. The case will be chosen in consultation with your clinical supervisor or the DCT/ADCT.

1. Client Selection

The client may be an adult, couple, or family who represents the population that is the focus of your emphasis area (i.e., gerontology or trauma). You and your supervisor (or DCT if you are not currently in supervision) will collaborate on case selection to ensure that you have a case that is rich with material for you to conceptualize and present. The client presented must be a client at one of the student's official practicum sites (e.g., UCCS Aging Center, Peak Vista, PACE, PPHPC, UCCS VHTC, Veterans Administration, Peak Vista Nurse Fellowship Clinic, Fort Carson). If there is any question about the suitability of the client for the CE examination process, consult with the DCT.

The written case summary and analysis, as well as the oral presentation, should reflect the student's own work and offer a view of the student's capacity to discuss and analyze a case as independently as possible, utilizing appropriate consultations as described above. Similarly, students may have presented the particular case in classes or staff meetings, but they should not have presented the particular chosen session. An exception is that students may not choose the same case that was selected and presented for a practice CE in a course.

2. Selection of Clinical Formulation

The student should establish, in discussion with her or his practicum supervisor(s), the theoretical orientation(s) she or he will follow with the chosen client. Overall, we expect students to formulate the case using a *biopsychosocial model*. Additionally, the student should specify the therapeutic framework that guides the intervention. Although not preferred, if necessary, a more integrative approach can be articulated, with theoretical and clinical justification. The student should describe the psychological formulations that were used for the case rather than trying to retroactively construct a theoretical framework for the case. If a student chooses to use an integrative approach, then it is the student's responsibility, in consultation with the student's supervisor, to specify the

components of the specific models inherent in that integrative approach. Whatever orientations or approaches are selected, it is important that the conceptual formulation, treatment plan, intervention, and outcome assessment be consistent, and that major deviations from the theoretical orientations presented are explained and supported.

3. Written Case Presentation

The written case presentation includes the following 4 sections:

1. Description
2. Analysis
3. Detailed Session Process Description
4. Session Note

Length - The “Clinical Case Presentation” should be no more than 25 (double-spaced) pages in length, excluding references, detailed session process description, session note, and any other supporting information.

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

Section 1: Description of the Client

1. **Identifying Information:** Age, gender, occupation, race, religion, relationship status, family members, current life situation, and duration and frequency of treatment.
2. **Presenting Problem:** Include a clear description of the presenting problem (including clinical disorders, and psychological and relevant medical diagnostic considerations). You may include the self-reported reason for seeking services as well as your impression of the problem.
3. **Behavioral Observations** (across the duration of treatment, not just at Intake): Salient aspects of physical appearance and mannerisms. Relevant observations might include the client’s apparent state of health, physical coordination, intellectual and cognitive functioning, affect, or any peculiarities in the client’s behavior. This section should provide the reader with a clear image of what the client is like “in the room.”
4. **History of the Problem and Precipitating Factors:** Describe the precipitating events or life changes that accompanied the appearance of psychological distress. Explain the onset and course of the problem since the client first noticed their appearance. Specify previous efforts at resolution and apparent consequences of those efforts. Include cognitive, affective, and interpersonal reactions to precipitants of distress.
5. **Developmental and Historical Information:** This section includes information about the client’s social history to put the presenting problem in context. Descriptions of any significant family, peer, and romantic relationships should be presented. Developmental (including family and lifespan), cognitive, behavioral, affective, and biomedical (including medications, illnesses, and overall health functioning) variables should be detailed. Summarize previous diagnostic assessment or treatment, family history, relationships and sexual history, work history, medical history, legal history, and substance use and abuse history. Descriptions of the cultural, racial, ethnic, or other diversity background information of the client should be presented.

Section 2: Analysis

1. **Diagnostic Formulation:** Provide a current, full DSM-5 diagnosis. Describe how you arrived at your diagnosis, including how you differentiated among several diagnostic hypotheses, and explain how you ruled out unsupported diagnoses. Support your diagnostic impression by pointing to relevant symptom criteria.
2. **Clinical Formulation:** Describe the theoretical orientation(s) or other conceptual formulation(s) which you have selected to analyze the case, as per the instructions presented above. Explain how the client developed the problems identified according to the theoretical orientation. Integrate the client's history with the theoretical orientation you have selected to support your explanation. Include information about cultural, ethnic, or other aspects of diversity that impacts the client's problems, your assessment, treatment plan, and/or outcome measurement.
3. **Treatment Plan:** The treatment plan should be an application of your clinical formulation, designed to ameliorate or reduce the problems you have identified and explained. Describe your goals and objectives for treatment. Specifically describe the interventions you planned according to the theoretical orientation(s) to address the identified problems and assist the client in making progress towards the identified goals. Please also describe the outcome measures that you utilized.
4. **Treatment Summary:** Summarize your actual and specific interventions with the client over the course of your treatment. Describe the course of the therapy sessions, either session by session, or by beginning, middle, and end phases of treatment. Describe how you monitored progress in treatment. Describe the high points and the low points in the therapeutic process. Be sure to highlight clinical challenges you experienced and how you addressed them.
5. **Self-critique:** Given the assumption that it takes a lifetime to develop clinical skill, evaluate your assessment and intervention in the full case in terms of your performance of clinical judgment and skill across all sessions. Discuss and critique the quality of the therapeutic alliance, your assessment of client's problems, and your intervention strategies and implementation. Understanding the developmental process of becoming a psychotherapist, analyze how you might handle the case differently now and identify the most critical challenges you face in becoming an ethical and competent psychotherapist.
6. Address how this case illustrates the **four core themes** of this program:
 - Ethical and legal issues: Include here a brief description of any ethical and/or legal issues, your awareness of them, and how you addressed them.
 - Developmental: Describe how the lifespan and family development context influenced development of presenting problem, adaptation, and treatment process.
 - Biological/physiological/health functioning: Describe the role of medical and physical health issues in the presenting problem, adaptation, and treatment process.
 - Cultural diversity: Summarize how these factors affected development of the presenting problem and development of functional adjustment and treatment process.
7. **Consultation process:** Describe the consultation process that you used for the

Comprehensive Examination, including your rationale for consulting, the people with whom you consulted, and the impact of the consultations. Limit this section to 2 pages.

8. References

Section 3: Detailed Session Process Description

The student is to provide a detailed account of the flow and process of the same therapeutic session that is documented in the Session Note (see below). The session selected for presentation should be a good sample of the kind of psychotherapy treatment provided for the client, so it should not be an intake session or termination session. Although the student will be supervised by a practicum supervisor on the case presented, the session should not have been scripted ahead of time by you or a supervisor. The student should describe in detail three segments of the session: 1) a section of the session that went particularly well, 2) a section where things did not go as well/ where you needed supervision, and 3) how the session was brought to closure. Each of those 3 segments will be described in sufficient detail (without an actual transcript) to allow the reader to evaluate the impact of the client's and therapist's comments. The first interaction would represent an intervention discussed in the treatment plan or summary. The second exchange may represent an intervention less skillfully implemented, not apparently effective, or not consistent with the conceptualization or treatment plan. The final interaction would describe how the session ended, with an emphasis on how the ending was consistent or inconsistent with the intervention plan. Discuss the impact that your interaction had upon the client, both in terms of your treatment goals and your therapeutic relationship. This description should be provided in no more than 3 pages.

Section 4: Session Note

The student is to provide an annotated DAP or SOAP note for the session for which the detailed session process was described. The note should be drawn from the actual client record, de-identified, and annotated. Upon copying it from the record, identifying information must be removed first (name, exact birthdate, exact date of session, and any other information in the note that could make this person readily identifiable). Use either the DAP or SOAP note format that is consistent with depth required in a psychology clinic note. If your client was seen in an integrated care setting, revise the note to be in the psychology clinic format rather than the briefer format often used in integrated care settings.

C. Clinical Skill Evaluations

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

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

II. Research Competency Examination

The research exam portion of the portfolio includes two research products:

- 1) A research product for professional audiences
- 2) A product demonstrating competence in research dissemination for the lay public.

More detailed information about these requirements is provided below.

The Research Competency Examination is for the purpose of determining students' competency to demonstrate critical and innovative thinking, ability to evaluate a research literature, develop strong clinical hypotheses, utilize sound research design methods, understand importance of psychometric foundation for measurement, use of contemporary statistical methods, and write clearly and concisely. For the Research Competence, the submitted materials will be rated by the Evaluators as Exemplary, Acceptable, or Unacceptable on both the quality and the scope of their professional contributions.

- A. **Professional Research Paper** -- Your paper can either be a review article or an empirical article that has been submitted or published in a peer-reviewed journal and that is primarily the work of the student (excludes case studies). Documentation of the publication or submission to publish is required, along with a copy of the manuscript. Also submit a very brief description of your role in the project and product.
- B. **Public Research Dissemination Product** - Submit a summary of research designed to educate the lay public, and describe the context for the dissemination product. Specifically, submit two components along with a statement affirming that the submissions represent your sole work:
 - Submit a written version of a written or oral presentation that disseminates research for a public audience outside of psychology, with documentation (e.g., outline and evaluation of oral presentation; published piece for lay audience, for example, a local magazine or newspaper).
 - Describe the context for the dissemination activity (e.g., audience, presentation format, setting) and the goals/objectives of the activity.
 - Written statement affirming that this was your work.
 -

III. Oral Presentation and Defense

The calendar above details the timing of CE oral defenses. The student should allow about 2 hours for the exam that will be structured as follows:

- 25-30 minutes of presentation of the Clinical Case presentation
- 30-45 minutes of question/answer regarding all portions of the exam
- 30-45 minutes of faculty deliberation and feedback.

A. Clinical Case Presentation

The student will have a maximum of 30 minutes to present the Clinical Case Presentation section of the exam. The student should present the case briefly, building upon the materials already conveyed in the written report in a conversational presentation (not reading materials from written document). The case presentation should follow the format and structure of the written document, as described above.

It is expected that students will be able to negotiate a largely extemporaneous professional presentation. Reading from, or referring to, detailed notes is inconsistent with expectations for theoretical and clinical competence at this point in the student's training.

B. Questions and Answers

Following the presentation, there will be 30-45 minutes available for questions and answers. Questions may be asked about any of the written materials submitted in the CE portfolio. The two examiners will assess the student's knowledge base and clinical competence. A student is required to "think on your feet," to consider and evaluate the examiner's questions, defending your knowledge and demonstrating good clinical judgment and skill. A student may be asked to evaluate other possible interventions, demonstrate sensitivity to underlying psychological issues, articulate and support the case formulation from an alternative theoretical paradigm, and/or explain therapeutic strategies. Questions related to current professional issues, ethics, legal issues, and diversity issues may also be asked. The examiners are free to explore issues and test the student's knowledge and competence until they are satisfied that they can render an informed decision.

There is no specific oral defense of the Research Competency Examination materials, but Evaluators may ask clarifying questions about the submitted materials.

C. Faculty Deliberation

After the question and answer period, the examiners will ask the student to leave the room while they confer and complete the rubric, and will bring the student back to the room to inform her or him of their decision. The student must pass all major segments (Assessment Case Analysis; Clinical Case Presentation; Research (including paper and dissemination product) for an overall PASS for the CE.

Examination Outcome

There are three possible outcomes of the CE:

- 1. Pass (pending revisions)

This indicates an appraisal that the student's overall performance is comparable to other students at her or his developmental level in the program. The student has demonstrated developmentally appropriate proficiency according to the guidelines, and is prepared to enter a clinical internship. Regarding revisions, **the student should expect that significant revisions will be requested to bring the materials to professional standards appropriate**

for submitting with internship application. Based on feedback from the examiners, the student must complete revisions as required within 30 days of the examination feedback meeting. The chair of the committee will ensure that the revisions are acceptable. If the revisions are not completed or are not satisfactory, the decision will revert to Fail. Once revisions are successfully made, the chair must inform the DCT (via email) so that an official memo of completion will be provided to the student and a copy placed in the student's notebook.

2. Fail

This indicates an appraisal that the student's written manuscripts, and/or oral presentation and defense demonstrates deficiencies. The student has not demonstrated sufficient competence in assessment, intervention, clinical judgment or skill, and/or research knowledge and skill. These deficiencies indicate that the student has not yet mastered the body of knowledge or clinical skill to enter a clinical internship. A plan of remediation is warranted (described below).

3. Split Decision:

In the event the two examiners are unable to concur on a decision to pass or fail the student, the DCT will assign a third examiner, a member of the core clinical faculty, who will read the CE Portfolio and listen to the recorded oral examination presentation and defense. This third examiner will render an independent decision of either pass (pending revisions) or fail, and the majority decision of the three examiners will prevail. Revisions must be approved by the examiner who required them.

Remediation Policy

In the event that a student fails the CE, she or he must seek remediation. The DCT, in consultation with the two initial faculty examiners, will recommend a program of remediation and will determine the date of first opportunity to retake the examination. Remediation may include readings, additional documentation or revision of written materials, additional courses, additional practicum experiences, presentation of another case, or other specified training experiences. All remediation plans, and the contractual documentation, will be provided to the student in writing. The goal of remediation is to help students pass the CE process upon retaking it.

Re-examination may occur at any subsequent offering of the Comprehensive Examination, including the following semester. The student's progress in remediation will be taken into account. A student may retake the CE only one time. A second failure of the CE will result in dismissal from the clinical psychology program at UCCS.

In the event that a student who has previously failed the CE is re-taking the examination, the student may select the first examiner from the clinical faculty, and the Director of Clinical Training will assign a second and a third examiner. Assignment of the new committee will be done with consultation with the student but will be at the discretion of the DCT. In some cases, the committee will remain unchanged and in other cases, new faculty members will be assigned to the committee. In any case, all examiners must be core faculty members. In a second attempt, the student should provide four *copies* of all materials to the DCT instead of three copies. The process of the

examination is the same, with the exception that there are *three examiners* rather than two.

Appeal of CE Decision:

Any student wishing to pursue an appeal of the CE decision must consult with the DCT (within 2 weeks of the defense) regarding appeal procedures and provide to the DCT a request for appeal in writing. Any appeal will be evaluated by the Clinical Program Committee.

CE Procedure Checklists:

Procedure Checklist for Students: (Submit to DCT or DCTA depending on who is the current director of your track)

- ❑ File Comprehensive Examination Intent Form with DCT or DCT-A (the form is available on the program website) so the DCT can sign the form.
- ❑ Receive Assessment Case via email from the DCT when it is available (see deadlines above).
- ❑ Submit Assessment Plan via email for case analysis by the deadline.
- ❑ Receive Assessment Data via email for case analysis by the deadline.
- ❑ Select a therapy case and a sample session
- ❑ Write a detailed description of segments of the session
- ❑ Provide an annotated DAP or SOAP note
- ❑ Prepare a CE Portfolio
- ❑ Submit the CE Portfolio to the DCT by the deadline
- ❑ Arrange to audio-record the oral defense on the date/time established by the DCT.
- ❑ If revisions are required, they must be completed within 30 days after the examination feedback meeting (either the day of the defense or within that week).

Procedure Checklist for the First and Second Examiners:

- ❑ Receive any CE materials from the DCT.
- ❑ Review the CE materials before the oral presentation and defense.
- ❑ If not done prior to the meeting, determine who will be the “chair” (first reader) and who will be the second reader.
- ❑ Each reader renders an independent decision about the CE outcome.
- ❑ The Chair and second examiner confer and come to a joint decision about pass/fail, and create a new set of aggregate ratings on which they agree.
- ❑ In cases of disagreement on the outcome, a third examiner will be requested from the DCT.
- ❑ The chair is responsible for distributing the aggregate ratings, comments, and required revisions to the student within 30 days of the oral defense meeting, and is encouraged to meet individually with the student to provide that feedback orally as well.
- ❑ Student is given a deadline for revisions that is 30 days from the time the feedback is provided.
- ❑ The chair is responsible for sending a copy of the aggregate ratings to the DCT which are retained for use in the program’s ongoing assessment plan.
- ❑ Psychology staff are directed by the chair of each CE to prepare an electronic signature form for each defense. The electronic form is circulated to the Chair, second reader, and back to chair for signature at the time revisions are accepted. Staff insert the signed form into the student’s academic record.
- ❑ After any required revisions are completed and the electronic form is fully signed, the chair should notify the student and the DCT in writing (or email). The fully signed electronic evaluation form serves as a formal document of completion.
- ❑ After the process is completed, all materials should be shredded.

Appendix A Competencies

Clinical Psychology Competencies

Fouad, N. A., Grus, C. L., Hatcher, R. L., Kaslow, N. J., Hutchings, P. S., Madson, M. B., ... Crossman, R. E. (2009). Competency benchmarks: A model for understanding and measuring competence in professional psychology across training levels. *Training and Education in Professional Psychology*, 3(4, Suppl), S5–S26. <https://doi-org.libproxy.uccs.edu/10.1037/a0015832>

Trauma Competencies (New Haven Competencies)

American Psychological Association. (2015). *Guidelines on Trauma Competencies for Education and Training*. Retrieved from: <http://www.apa.org/ed/resources/trauma-competencies-training.pdf>

Geropsychology Competencies (Pikes Peak Model Competencies)

Knight, B. G., Karel, M. J., Hinrichsen, G. A., Qualls, S. H., & Duffy, M. (2009). Pikes Peak model for training in professional geropsychology. *American Psychologist*, 64, 205–214. <https://doiorg.libproxy.uccs.edu/10.1037/a0015059>

Appendix B

UCCS Clinical Comprehensive Examination Evaluation Rubric

Student Name _____

Semester _____ Year _____

First Reader (Chair) _____

Second Reader _____

Third Reader (retakes and disputes only) _____

SCORING RUBRIC	1=Deficient Missing	2=Weak	3 = Adequate (Competent)	4 = Strong (Above Average)	5 = Outstanding
General Definition of Standards	Missing substantial coverage of relevant concepts, or inaccurate description of concepts.	Missing some relevant concepts, or inadequately describe some concepts (as opposed to inaccurately), with minimal integration.	Most relevant concepts addressed with mostly accurate description and adequate integration.	Most relevant concepts addressed with accurate description and considerable integration.	Exceptional presentation of all relevant concepts addressed with accurate description and insightful integration.
<u>PART A: Assessment Case Analysis</u>					
<u>A1. Knowledge of Relevant Concepts:</u>					
Student integrates appropriate concepts from the major content areas of psychology – personality, biological, cognitive, affective, developmental, social and cultural.	Content from some areas described, not integrated.	Content from many areas described but little integration; or content missing from areas although integrated.	Content from major areas adequately described and integrated.	Content from major areas thoroughly described and integrated.	Content from major areas described and integrated. exceptionally well.
Student demonstrates knowledge of psychopathology and assessment.	Student demonstrates notably incomplete knowledge.	Student demonstrates incomplete knowledge in at least one area.	Adequate knowledge across most areas.	Student demonstrates strong but not outstanding knowledge across all areas.	Student demonstrates an outstanding level of knowledge across all areas.

A2. Data Collection and Clarity of Presentation:					
Student provides a thorough history and qualitative description of the client in the case presentation.	History and description have several missing pieces.	History and description have a few missing pieces.	History and description are adequate.	History and description are thorough.	History and description are complete and thorough and presented well.
Student provides a clear description of the assessment process.	Several pieces are missing.	A few pieces are missing.	Description is adequate	Description is thorough.	Description is outstanding.
The report is essentially free of grammatical and typographical errors, demonstrating the ability to communicate using appropriate professional writing.	Report has pervasive problems and does not meet professional standards.	Report has numerous problems and does not meet professional standards.	Report meets basic standards of professionalism.	Report exceeds basic standards of professionalism.	Report presentation is clean of errors and appears highly professional.
Student responses to questions in the oral presentation and defense are clear, articulate, and demonstrate appropriate and professional communication skills.	Presentation is unprofessional, with vague or inarticulate descriptions, defensiveness, or excessive anxiety.	Presentation demonstrates at least some inadequate verbal delivery and/or unprofessional nonverbal cues.	Presentation demonstrates adequate verbal delivery.	Presentation demonstrates a clear, understandable verbal delivery with nonverbal cues consistent with professional behavior at predoctoral level.	Presentation demonstrates smooth verbal delivery, professional nonverbal cues, and an appropriate sense of authority and ownership over work.
A3. Assessment:					
Student has made a careful analysis of clients' symptoms and problems.	Analysis is missing key components.	Analysis includes most components.	Analysis is adequate.	Analysis is thorough.	Analysis is thorough, complete, and insightful.
Student has considered appropriate diagnostic hypotheses.	Diagnostic analysis very weak or missing.	Limited diagnostic options were considered or without adequate analysis.	Most relevant diagnostic options considered and adequate analysis.	Key diagnostic considerations were all presented, with strong analysis.	Key diagnostic considerations along with secondary possibilities were all presented, with thorough analysis.
Student has made appropriate diagnosis and supported the assessment.	Diagnosis is inaccurate or lacks any supportive analysis.	Diagnostic argument is lacking, and/or diagnosis is questionable.	Diagnosis is reasonable, and/or analysis is adequate.	Diagnosis is reasonable, well supported by a logical argument.	Diagnostic analysis is well supported and conclusion is accurate.
Rationale and plan for assessment is appropriate to address issues in case analysis.	Assessment plan has no conceptual relationship with the case.	Assessment plan lacks key components of assessment and/or rationale.	Assessment plan is adequate.	Assessment plan is thorough and has strong justification.	Assessment plan is well supported, thorough, and very well justified.

A4. Ethical and Legal Considerations:					
Student demonstrates knowledge of relevant ethical guidelines.	Content displays minimal attention to relevant ethical guidelines.	Incomplete attention to relevant ethical guidelines.	Adequate attention to most relevant ethical guidelines.	Strong attention to almost all relevant ethical guidelines.	Thorough attention to all relevant ethical guidelines, including subtle issues that reflect deep analysis.
Student analyzes implications of possible ethical dilemmas.	Content displays minimal attention to relevant ethical implications.	Incomplete attention to relevant ethical implications.	Adequate attention to most relevant ethical implications.	Strong attention to almost all relevant ethical implications.	Thorough attention to key and subtle relevant ethical implications, including subtle issues that reflect deep analysis.
A5. Diversity Issues:					
Student demonstrates knowledge and awareness of possible individual differences or cultural diversity factors relevant to assessment and treatment of this case.	Content displays minimal attention to relevant diversity issues.	Some important areas of diversity issues are missing OR not linked to the case.	Most important areas are covered and adequately linked to case.	Key relevant diversity issues are identified and linked well to case.	Key and subtle diversity issues identified and insightfully linked to case.
Student demonstrates attitudes of sensitivity and respect for differences related to cultural diversity.	Displays insensitivity to, or lack of respect for, relevant diversity issues.	Displays minimal sensitivity OR inconsistent respect for relevant diversity issues.	Displays adequate sensitivity and respect for cultural diversity.	Displays strong sensitivity and respect for cultural diversity throughout presentation.	Displays exceptional sensitivity and respect for cultural diversity throughout presentation.
<u>PART B: Clinical Case Presentation</u>					
B1. Knowledge of Relevant Concepts:					
Student integrates appropriate concepts from the major content areas of psychology – personality, biological, cognitive, affective, developmental, social and cultural.	Basic science content not described or integrated.	Content from some areas described, not integrated.	Content from major areas adequately described and integrated.	Content from major areas strongly described and integrated.	Content from major areas described and integrated exceptionally well.
Student demonstrates knowledge of psychopathology, theoretical orientation used, and treatment strategies.	Student demonstrates notably incomplete knowledge.	Student demonstrates incomplete knowledge in at least one area.	Student demonstrates adequate knowledge across all areas.	Student demonstrates thorough but not outstanding knowledge across all areas.	Student demonstrates an outstanding level of knowledge across all areas.
B2. Data Collection and Clarity of Presentation:					
Student provides a thorough history and qualitative description of the client in the case presentation.	History and description have several missing pieces.	History and description have a few missing pieces.	History and description are adequate.	History and description are thorough.	History and description are complete and thorough and presented well.

Student provides a clear description of the assessment process, treatment plan, treatment implementation, and outcome evaluation in the case presentation.	Several pieces are missing.	A few pieces are missing.	Description is adequate	Description is thorough.	Description is outstanding.
The report is essentially free of grammatical and typographical errors, demonstrating the ability to communicate using appropriate professional writing.	Report has pervasive problems and does not meet professional standards.	Report has numerous problems and does not meet professional standards.	Report meets basic standards of professionalism.	Report exceeds basic standards of professionalism.	Report presentation is clean of errors and appears highly professional.
Student responses to questions in the oral presentation and defense are clear, articulate, and demonstrate appropriate and professional communication skills.	Presentation is unprofessional, with vague or inarticulate descriptions, defensiveness, or excessive anxiety.	Presentation demonstrates at least some inadequate verbal delivery and/or unprofessional nonverbal cues.	Presentation demonstrates adequate verbal delivery.	Presentation demonstrates a clear, understandable verbal delivery with nonverbal cues consistent with professional behavior at predoctoral level.	Presentation demonstrates smooth verbal delivery, professional nonverbal cues, and an appropriate sense of authority and ownership over work.
B3. Assessment:					
Student has made a careful analysis of clients' symptoms and problems.	Analysis is missing key components.	Analysis includes most components.	Analysis is adequate.	Analysis is thorough.	Analysis is thorough, complete, and insightful.
Student has considered appropriate diagnostic hypotheses.	Diagnostic analysis very weak or missing.	Limited diagnostic options were considered or without adequate analysis.	Most relevant diagnostic options considered and adequate analysis.	Key diagnostic considerations were all presented, with analysis.	Key diagnostic considerations along with secondary possibilities were all presented, with thorough analysis.
Student has made appropriate diagnosis and supported the assessment.	Diagnosis is inaccurate or lacks any supportive analysis.	Diagnostic argument is lacking, and/or diagnosis is questionable.	Diagnosis is reasonable, and/or analysis is adequate.	Diagnosis is reasonable, well supported by a logical argument.	Diagnostic analysis is well supported and conclusion is accurate.
B4. Case Conceptualization:					
Student demonstrates knowledge of the biopsychosocial (BSP) model.	Description or use of BSP model is poor.	Description or use of BSP model is weak and/or contains significant omissions.	Description or use of BSP is adequate.	Description or use of BSP model is thorough but not outstanding.	Description or use of BSP model is exceptional, with insightful understanding.
Student demonstrates knowledge of the theoretical orientation the student is utilizing.	Description or use of model is poor.	Description or use of model is weak and/or contains significant omissions.	Description or use of the model is adequate.	Description or use of model is thorough but not outstanding.	Description or use of model is exceptional, with insightful understanding.

Student applies major components of the theory to case material in a manner that is congruent with the client's history and problem presentation	History and problem description are not linked to model.	History and problem description are only partially linked to model in a way that offers little insight into the case.	History and problem description are adequately linked to model and contributes at least somewhat to understanding of case.	History and problem description are thoroughly linked to model and contributes to understanding of case.	History and problem description are enriched by linkage to model.
Student explains development of the client's problem(s) according to the BPS model	Client problem description is not linked to model.	Client problem description is only partially linked to model, and offers little insight into the case.	Client problem description is adequately linked to model.	Client problem description is thoroughly linked to model.	Client problem description is enriched by linkage to model.
<u>B5. Treatment Formulation and Implementation:</u>					
Student develops and presents a plan for treatment that follows logically and consistently from the case conceptualization.	Treatment plan is not linked with case conceptualization.	Treatment plan is minimally linked with case conceptualization.	Treatment plan is adequately linked with case conceptualization	Treatment plan is thoroughly linked with case conceptualization.	Treatment plan flows directly from case conceptualization and exceptional clinical analysis.
Student's interventions are consistent with conceptualization and skillfully implemented.	Interventions are not linked with conceptualization AND are not skillfully implemented.	Interventions are EITHER not linked with conceptualization or not skillfully implemented.	Interventions are adequately linked with conceptualization and are implemented.	Interventions are linked with conceptualization and are skillfully implemented.	Interventions are enriched by case conceptualization, and are skillfully implemented.
Work sample demonstrates skill in interventions described in the manuscript.	Work sample is not well linked to interventions described in MS.	Work sample is only partially linked to interventions described in MS.	Work sample adequately links with interventions described in MS.	Work sample thoroughly links with interventions described in MS.	Work sample is an ideal illustration of the interventions described in the MS.
<u>B6. Relationship Skills:</u>					
Student establishes and maintains rapport with the client.	Student has poor rapport with client.	Student occasionally breaks rapport with client.	Student maintains adequate rapport with client.	Student maintains a strong rapport with client.	Student maintains exceptional rapport with client.
Student describes adequate consideration of development of relationship in treatment, including working alliance and termination issues.	Key aspects of the relationship are not analyzed OR no linkage is made to therapy process.	Either key aspects of relationship are not addressed in analysis OR the linkage with the therapy process is minimal.	Key aspects of relationship are adequately analyzed and linked with the therapy process.	Key aspects of relationship are thoroughly analyzed and linked with the therapy process.	The relationship is well analyzed in ways that add insight into therapy process.

Student demonstrates an awareness of relationship patterns impacting upon treatment and manages them appropriately	Awareness of relationship patterns is missing OR are not managed.	Awareness of relationship patterns misses key pieces OR therapist only intermittently manages relationship patterns.	Awareness of relationship pattern is evident and student responds adequately.	Awareness of relationship patterns is evident and student has managed them well.	Student is highly aware of relationship patterns and manages them with insight and skill.
B7. Analysis and Self-Critique:					
Student integrates relevant themes and important information used over the course of treatment.	Key themes and information are NOT addressed or minimally described and not used in case analysis.	Some key themes and information are missing OR not integrated into case analysis.	Key themes and information are included and adequately linked to case.	Key themes and information are included and thoroughly linked to case.	Key themes and information are used to add exceptional insight into case.
Student demonstrates ability to self-reflect and to critique her or his own work, including strengths and weaknesses (Clinical Case Presentation and Self-Evaluation).	Pervasive lack of self-reflection or self-critique.	Minimal self-reflection and self-critique.	Adequate self-reflection and self-critique.	Self-reflection and self-critique reflect a strong and thorough evaluation of strengths and weaknesses.	Self-reflection and self-critique display rich insight into strengths and weakness.
Student monitored effectiveness of treatment by evaluating outcome, and adjusted treatment according to progress.	No evaluation of outcomes used during treatment.	Weak evaluation procedures used, or no use of evaluations to adjust treatment.	Adequate evaluation performed and used to adjust treatment.	Thorough evaluation performed and used to adjust treatment.	Evaluation well integrated into treatment process and conceptualization.
B8. Ethical and Legal Considerations:					
Student demonstrates knowledge of relevant ethical guidelines.	Content displays minimal attention to relevant ethical guidelines.	Incomplete attention to relevant ethical guidelines.	Adequate attention to most relevant ethical guidelines.	Attention to key relevant ethical guidelines.	Thorough attention to key and subtle relevant ethical guidelines.
Student analyzes implications of possible ethical dilemmas.	Content displays minimal attention to relevant ethical implications.	Incomplete attention to relevant ethical implications.	Adequate attention to most relevant ethical implications.	Attention to key relevant ethical implications.	Thorough attention to key and subtle relevant ethical implications.
B9. Diversity Issues:					
Student demonstrates knowledge and awareness of possible individual differences or cultural diversity factors relevant to assessment and treatment of this case.	Content displays minimal attention to relevant diversity issues.	Some important areas of diversity issues are missing OR not linked to the case.	Most important areas are covered and adequately linked to case.	Key relevant diversity issues are identified and thoroughly linked well to case.	Key and subtle diversity issues identified and insightfully linked to case.

Student demonstrates attitudes of sensitivity and respect for differences related to cultural diversity.	Displays insensitivity to, or lack of respect for, relevant diversity issues.	Displays minimal sensitivity OR inconsistent respect for relevant diversity issues.	Displays adequate sensitivity and respect for cultural diversity.	Displays strong sensitivity and respect for cultural diversity throughout presentation.	Displays exceptional sensitivity and respect for cultural diversity furthering understanding of the case.
Part D: Research					
A. Professional Research Paper					
Research Paper: Student utilizes appropriate concepts demonstrating adequate understanding of research concepts in an article or grant proposal	Unacceptable - Poor literature review, poor methodology, inappropriate analysis or interpretation of results; lacks significance in terms of a professional contribution to the field		Acceptable - Adequate literature review, research methods and discussion are appropriate for level of training, clear implications in terms of importance of work to the field		Exemplary - In-depth review of literature, clear methods and discussion, clear professional contribution to the field
B. Public Research Dissemination Product – shows ability to apply research and deliver competently to a lay audience	Unacceptable		Acceptable		Exemplary
<u>E. Overall Evaluation:</u>					
Feedback regarding overall quality of the CE Portfolio, oral presentation, and defense.	Student needs remedial work.	Student needs feedback on specific areas of weakness.	Student’s work is adequate for this level of training.	Student’s work is thorough for this level of training.	Student’s work is exceptional for this level of training.
Suggestions to improve the report and enhance the student’s assessment and treatment skills.	Specific recommendations need to be made to student for remedial work.	Specific suggestions need to be provided to strengthen specific areas of weakness.	Suggestions can be provided for focusing next steps in training and development.	Minimal suggestions can be made.	Minimal suggestions can be made. Celebrate exceptional accomplishment.
Suggestions to improve the research product	Specific recommendations need to be made to student for remedial work to increase understanding of scholarly review skills, research methodology, and/or statistical concepts.	Specific suggestions need to be provided to strengthen specific areas of weakness.	Suggestions can be provided for focusing next steps in training and development, including enhancing innovation component of grant.	Minimal suggestions can be made.	Minimal suggestions can be made. Celebrate exceptional accomplishment.

Evaluation of the Comprehensive Examination

Note steps for completion:

- 1) Each examiner completes the comprehensive exam evaluation rubric form independently.
- 2) A set of aggregate ratings are created through discussion of the chair and second examiner which becomes the official record of evaluation.
- 3) The aggregate ratings, comments, and any revision requirements are then compiled by the Chair.
- 4) A copy of the aggregate ratings, comments, and revision requirements are to be provided to the student within 30 days of the oral defense.
- 5) A copy of the aggregate ratings is also provided to the DCT.
- 6) A revised document (when revisions are required) is submitted by the student to the Chair within 30 days of receipt of the feedback (aggregate ratings, comments, and revision requirements).
- 7) This signature form is created by department staff and circulated for signature when revisions are received. The signed form is submitted to the DCT and becomes part of the student's academic record.

Student Name: _____

Date of Exam: _____

Examiner 1:

Pass (pending required revisions) _____

Fail _____

Examiner 2:

Pass (pending required revisions) _____

Fail _____

Signature

Signature

Date

Examiner 3: (for retakes and disputes only)

Pass (pending required revisions) _____

Fail _____

Signature

Date

Revisions required to be completed by _____ (Date)

Revisions received on Date: _____

Revisions Acceptable (signed by chair): _____

Signature

Date