

DOCTORAL PROGRAM (PSY.D.) IN
CLINICAL PSYCHOLOGY

DEPARTMENT OF PSYCHOLOGY
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QUALIFYING EXAMINATION
MANUAL

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OVERVIEW OF THE QUALIFYING EXAM

PHILOSOPHY

The Qualifying Examination is an evaluation procedure that is common among doctoral programs in clinical psychology. The Exam constitutes a milestone for students in the doctoral program and is intended to assess attainment of competencies in psychological knowledge, attitudes, and skills related to professional practice. It documents achievement of doctoral level scholarship (both in clinical conceptualization and writing skills) and readiness to assume clinical responsibilities expected of an advanced doctoral student. Passing the Qualifying Exam is a marker event for doctoral candidacy. Until *all* components of the Qualifying Exam are passed, a student cannot receive a letter of readiness for internship application.

In the Qualifying Exam, faculty will collaborate to evaluate the following competencies for each student:

- ***Clinical competence:*** This area includes knowledge of clinical skills; a capacity for establishing an appropriate and empathic treatment relationship; and the ability to self-reflect and critique one's clinical performance.
- ***Theoretical competence:*** This area includes an understanding of the theoretical and empirical foundations of clinical practice, as well as its practical application. Included here are the ability for case conceptualization; the ability to discuss diagnosis; an understanding of client dynamics and/or behavior; an understanding of psychopathology; and the ability to discuss treatment approaches as validated in the clinical outcome literature.
- ***Contextual competence:*** This area includes the ability to recognize the impact of individual and group diversity, including but not limited to: gender, race, ethnicity, sexual orientation, physical difference, socio-economic status, religious and spiritual affiliation and age; their impact on personality and functioning; and their implications for clinical interventions.

Please note. The GIPP *Qualifying Examination Manual* and *Student Handbook* may be revised on different schedules. Should any discrepancy arise, information in the *Qualifying Examination Manual* takes precedence over information in the *Student Handbook*, unless otherwise noted.

STRUCTURE OF THE QUALIFYING EXAM

The Qualifying Examination is comprised of three components:

- **Component I:** Clinical Component, which includes:
 - a case write-up/conceptualization of work with a practicum client
 - videotape, audiotape, CD, or DVD of a face-to-face session
 - descriptive memo of recorded session
 - transcript of recorded session
- **Component II:** Theoretical Paper
- **Component III:** Oral Examination

Each student will have a two-person committee for his/her Exam, which will include a Chairperson and a Second Reader. The Committees are randomly assigned via a computerized program from both Core faculty and Adjunct/Affiliate faculty. Every attempt is made that the student does not receive a committee member who is his/her academic advisor, Professional Practice Seminar leader, or Research/Teaching Assistant assignment. Both the Chairperson and Second Reader are responsible for reading and scoring the

theoretical and clinical papers, listening to the audiotape (or viewing the videotape), and reading the descriptive memo and transcript. The Chairperson and the Second Reader also constitute the student's committee for the Oral Exam.

In the case of a student who is at a site that does not allow the tape to leave the site, the Chair of the Committee will go to the site to review the tape. The Chair will score the tape, transcript, and descriptive memo for this session. If the site does not allow taping at all, the Chair of the Committee will go to the site for a live observation of the student. The Chair will score the live observation, detailed process notes (in lieu of a transcript), and descriptive memo for this session. In either of these situations, the Second Reader will use as a basis for scoring this session *only* the transcript (or detailed process notes) and descriptive memo. The Chair may subsequently use information from the taped or live session as a basis for questions during the Oral Exam.

A Third Reader will be assigned by the Qualifying Exam Coordinator if there is a scoring disagreement between the Chairperson and the Second Reader regarding whether the student passed any section of the Clinical Component, Theoretical Paper, or Oral Exam.

GENERAL PROCEDURES

Informational meetings. The Qualifying Exam Coordinator will facilitate two informational sessions for Second year students in the Fall semester regarding guidelines for the Qualifying Exam.

Faculty and supervisor information. The GIPP core faculty meet each Fall semester to review Qualifying Exam procedures and review student feedback from the previous year's cohort. Information on the Qualifying Exam, including the timeline, will be distributed via memo to all Practicum Supervisors and Professional Practice Seminar Leaders early in each Fall semester.

Special circumstances. The student should consult with the Qualifying Exam Coordinator if a difficulty arises regarding limited clients at his/her Practicum site (e.g., if there is a conflict with the need for a Qualifying Exam client and the need for a client for a clinical presentation in an academic course), and a course of action will be proposed.

If a student wishes to request a special case extension due to extenuating circumstances, the student must write a letter of explanation co-signed by his/her Practicum Supervisor for consideration by the Qualifying Exam Coordinator (see Appendix A). This letter must be submitted at least one week before the submission deadline for Qualifying Exam materials.

If a student begins his/her first Practicum placement after October 1st and no later than December 1st of his/her second year, a special case extension of the Qualifying Exam may be granted. The Exam may then be submitted at a later date during the academic year. Any student who begins Practicum after December 1st must take the Exam with the following year's cohort.

Consent forms. In requesting that work with a practicum client be utilized for the Qualifying Exam, the student must obtain permission from the practicum site and complete the Agency Consent Form (see Appendix B). Informed consent must then be obtained from the client and documented with the Client Consent Form (see Appendix C). Both consent forms must be submitted with the other Qualifying Exam materials.

Submission of materials. All materials for the Qualifying Exam must be submitted to the GIPP Program Coordinator in triplicate, with one copy labeled for the Chairperson, Second Reader, and File, respectively.

Inclement weather. As Qualifying Exam materials are due in the beginning of the Spring semester, there is a chance that a winter storm may cause the University to be closed on the day Exam materials are due. In this case, the deadline will be extended 48 hours following the official reopening of campus. Should winter weather otherwise prevent a student from traveling to campus to submit his/her materials by the deadline, he/she must contact the Qualifying Exam Coordinator to make alternative arrangements.

If campus is closed on one of the days scheduled for students to be notified of results of their Clinical Component and Theoretical Paper, notifications will be delayed until campus is reopened. On the day of the scheduled Oral Exam, should the campus be closed or the student or committee member unable to travel to campus due to winter weather, the student must confer with the Chair of his/her Committee and with the Qualifying Exam Coordinator to reschedule the Oral Exam.

Independent scoring. Readers will score components of the Exam independently. Readers are not to consult with each other prior to scoring; in fact, they may only inform each other of a student's pass/non pass status prior to the Oral Exam. However, if a non-passing performance necessitates a feedback session (in lieu of the Oral Exam), they may discuss specific concerns regarding the student's papers and/or tape prior to that meeting.

Notification of results. Students will be informed via e-mail as to Pass or Non-Pass scores on the Clinical Component and Theoretical Paper on the Thursday prior to their scheduled Oral Exam. They will receive a letter from the Qualifying Exam Coordinator delivered to their GIPP mailbox the following day. Results of these components are *not* to be discussed with students prior to their official notification.

Students are informed about whether they passed the Oral Exam at the conclusion of the exam. The Chairperson and Second Reader will complete and sign the Summary of Qualifying Exam Results (see Appendix D) at that time. The GIPP Director will subsequently send the student a letter documenting successful completion of the Qualifying Exam (see Appendix E).

Return of Qualifying Examination materials. At the conclusion of the Oral Exam, Readers will return to the student all Qualifying Exam materials and copies of the scoring sheets with comments regarding strengths, weaknesses, and suggested areas for improvement.

Student file. One copy of all Qualifying Exam papers and recordings will be kept in the GIPP program files for 3 years and then destroyed. In the case of a tape that contains a client's last name, the tape will be returned to the Chair of the committee to be destroyed. A copy of all Qualifying Exam score sheets, Consent forms, Honor Code, Summary of Qualifying Exam Results, and letter of completion will be placed in the student's file and remain there permanently.

Debriefing. The Qualifying Exam Coordinator will hold a debriefing meeting with students at the end of the spring semester to collect feedback regarding procedures and suggested improvements for the following year's Qualifying Exam process.

THE HONOR CODE

Each student is expected to present an original sample of work for *all* components of the Qualifying Exam. The student must satisfy the following requirements in order to successfully pass the Qualifying Exam:

- (a) The case selected must be a treatment case. ***The student can begin work with the client prior to three (3) months before the exam deadline.*** However, ***the recorded session must take place no earlier than three (3) months before the Qualifying Exam due date.***
- (b) No faculty member or student(s) will have reviewed ***any written or recorded material prior to submission of the examination.*** Faculty other than the student's committee may be solicited for references or suggestions ***only***, but cannot be utilized as informal consultants on the clinical or theoretical papers.
- (c) Clinical material on Treatment Cases can be reviewed and discussed (including protocols, test results, and reports) by one primary, on-site supervisor as part of supervision, and is actually ethical bound to do so. However, there is to be no extensive consultation or focus on the Qualifying Exam tape beyond standard supervision for that site or supervisor, and no written component of the Qualifying Exam is to be reviewed.
- (d) Students are not to formally present or discuss their Treatment Cases in any of their seminars or academic courses at the University of Hartford ***as of exactly three (3) months prior to submitting the exam*** (e.g., if the exam is due January 19, three months prior would be October 19).
- (e) Students may informally discuss clients who may become the subject of their Treatment Case prior to that October date. However, this means that they cannot do a formal case presentation and get extensive feedback on the case. If it is possible a client will be used for the Qualifying Exam, the student should try not to present him/her at all.
- (f) It should be understood that any written documentation submitted as a requirement of a particular course, at this University or another, cannot be submitted as a component of the Qualifying Exam; in addition, any part of the Qualifying Exam cannot be submitted in future courses to meet any formal documentation requirements for any courses taken at the University of Hartford (e.g., case presentation for a Child Psychotherapy course).
- (g) ***The student is expected to bring a copy of the Honor Code (see Appendix F) to the Oral Exam to be signed at that time.*** Students must sign and submit the written Honor Code statement in the presence of their Readers at the beginning of the Exam. This serves as a written oath that the student has adhered to the points highlighted in the Honor Code section of the *Manual*.

COMPONENT I: CLINICAL COMPONENT

OVERVIEW OF CLINICAL COMPONENT

The aim of the Clinical Component is to provide the student with an opportunity to demonstrate competencies in theoretical understanding and clinical thinking, skills, and abilities. The Clinical Component includes a Clinical Paper, which is a narrative account of psychotherapy with a particular client. This paper should include both a conceptual understanding of the client as well as the student's selected interventions. The Clinical Component also includes a taped session with the client, a descriptive memo of that session, and a transcript of that session.

The Clinical Paper should be a narrative essay of the treatment process and therapist/client interactions. The client selected for the Clinical Paper may be an individual, couple, family, or group. If it is one of the three latter choices, the student should provide some theoretical background (e.g., Yalom's group theory) as to how he/she is approaching this client. Students should pay particular attention to their own ability to self-reflect, and how their ability to do this affects the therapeutic process.

GUIDELINES FOR CLINICAL PAPER

The Clinical Paper should include:

- a. the ***history of the clinical relationship***, including the reasons for the referral and the presenting problem
- b. relevant ***developmental history***, family background and the client's current life context
- c. the ***case conceptualization*** approach to the planning and implementation of treatment, including how you can "theoretically" explain the client (e.g., Is your approach psychodynamic? Why does this fit best to you? Does your client's persistent negative thinking lend itself to cognitive-behavioral theory? How do you discuss their "schema"?)
- d. the ***clinical process***, including:
 - how you apply the theoretical conceptualization of this client to your approach and focus of treatment (i.e., Do you focus on the client's current interpersonal relationships?)
 - examples of your interventions (include reference to the taped segment)
 - your client's response to your interventions
 - your assessment of the relational dynamics between you and your client, including relevant counter transference and transference issues
 - treatment plan and goals
 - ethical dilemmas, if relevant
- e. an assessment of ***how the client is responding to and progressing in treatment***
- f. themes and issues of ***cultural differences and cultural diversity***, as relevant
- g. your thoughts on future treatment directions, or ***what you might do differently***.

If the student selects a therapy group as his/her case, the above conditions are amended to make conceptual sense. For example, the student would describe the developmental history of the ***group***, not individual group members.

GUIDELINES FOR TAPE AND DESCRIPTIVE MEMO

In addition to the Clinical Paper, the Clinical Component also includes:

- an audiotape, videotape, CD, or DVD recording **45-60** minutes in length; ideally this should illustrate a session which reflects the themes and issues included in the paper and should be **unedited**. See below if a recording of this length is not feasible.
- descriptive memo of the recorded session
- transcript of a segment of the taped material; the taped segment from which the transcript comes should be **no less and no more than 30 minutes** in length; the Committee, however, should listen to the *entire* 45-60 minute tape. Students should cue the tape to match the transcript.

Tape

The taped material submitted as part of the Clinical Component provides an important source of information about trainee interactions and behaviors in relation to the client. This recording provides a direct way of assessing the student's level of clinical competencies and helps ascertain if the student's work demonstrates basic professionalism, fundamental clinical skills, and accurate reporting of clinical interactions.

While it is preferred that the tape demonstrate the discussed clinical orientation, it is more important that the tape demonstrates solid basic counseling skills. If the type of therapy is not demonstrated during the taped session, the student should use the Descriptive Memo as an opportunity to discuss such a departure.

- Tapes must be clearly audible; if the tape is determined by both Readers to be inaudible, ***the Exam will be declared a non-pass for technical reasons***. CDs or DVDs are also acceptable, but students should check with their committee members ahead of time to insure that they have the technology to listen to/view them. Also, students should be sure to preview the CD on a number of different machines/computers prior to submission to insure that it is audible; do not just trust that because it is audible on your equipment that it will universally be audible.

- Audiotapes must be ***standard size cassettes***; a submission of a microcassette ***will deem the Exam a non-pass for technical reasons***.

- The recording (audio, video, CD, or DVD) should illustrate some phenomena described in the case paper (e.g., diagnostic data, transference behavior, response to an intervention). The tape is to be ***at least 45-60 minutes*** in length; the ***transcript*** for the tape should be based on a ***30-minute segment*** of that tape. If the recorded session does not meet the length criterion (e.g., sessions with a child may only last 30 minutes), the student must submit a written statement of explanation co-signed by his/her Practicum Supervisor for approval/non-approval by the Qualifying Exam Coordinator of a brief tape (see Appendix G).

Please note. A site can request that all recordings be returned to them for destruction at the conclusion of the Qualifying Exam.

- The Chairperson and the Second Reader will both evaluate the descriptive memo, and tape. However, if the student is not allowed to remove the tape from the practicum site due to agency policy, the Chair only will travel to the site to review and evaluate the tape prior to the Oral Exam.

- If the student's Practicum site does not allow taping of clients, the Chairperson will observe a scheduled session with the client at the site. ***This observation must take place no later than three (3) weeks prior to***

the scheduled Oral Exam. Students and faculty must work collaboratively to insure that this takes place. Policies regarding the length of an observed session are the same as for a taped session. For an observed session, the Theoretical Paper and a preliminary Clinical Paper (based on information obtained thus far) must be submitted on the date the Qualifying Exams are due. Prior to the Oral Exam, and no longer than two (2) weeks following the observation, the student must submit a completed Clinical Paper, descriptive memo, and detailed process notes (in lieu of a transcript) on the observed interaction. Students who are unfamiliar with the format of process notes may consult with the Qualifying Exam Coordinator for clarification.

Descriptive Memo

• This paper should be ***at least three (3) but no longer than five (5)*** double-spaced pages and should provide sufficient information/explanation for the Readers to understand the basic theme(s) of the Clinical Paper. The tape should also be cued to the point where the transcribed excerpt begins. The memo should include:

- a description of the participants;
- what the tape illustrates or includes;
- the clinical approach, rationale for interventions and focus of the session;
- and ***most importantly***, a ***self-reflection or self-critique***, which includes: hindsight/insights about the client's responses and interaction style in therapy; therapist empathy for the client; commentary on the process of therapy; how you felt you did as a therapist in this session; what could have been improved/what you felt you did well; etc. This includes *countertransference*, which refers to the therapist's thoughts, feelings, and associations towards the therapy and/or the client.
- If there are clinical constraints at the site (e.g., you would prefer to do long-term psychotherapy, but the site follows a brief therapy protocol), this should be addressed in the descriptive memo.

EVALUATION AND SCORING

- There will be two Readers for each student on the Clinical component of the Qualifying Exam; one will become the designated Chair of the Qualifying Exam Committee for a particular student. Each Committee will consist of at least one Core Faculty member, with the Second Reader being either a Core or Adjunct/Affiliate Faculty member. However, every attempt will be made to insure that Readers are not assigned to students who are their assigned advisees, research or teaching assistants, or who are in their Professional Practice Seminar. Students receiving a Pass from each Reader are eligible to go on to the Oral Exam, which will be conducted by the same two Readers.
- Please see Appendix H for a complete listing of the evaluative criteria for the Clinical Component.
- In order to pass the Clinical Component, the student must earn the minimum passing score on the Clinical Paper (21) and a minimum passing score on the Transcript/Tape/Memo (18).
- If the Clinical Paper is ***scored two (2) or below*** (on a scale of 1-4) from one or both Reader(s) on organization, writing ability or APA editorial style, the paper ***will receive a non- passing score, even if the total score would be above the minimum score for an overall Pass.***
- If a student passes only one section, only the non-passed section of the Clinical Component is subject to remediation and/or resubmission.

There are three initial outcomes possible for the Clinical Component:

- **Pass:** A student who receives a passing score from the Chairperson and Second Reader on all sections of the Clinical Component has successfully completed this part of the Qualifying Exam. If the student also successfully passes the Theoretical Paper (discussed below), the student will proceed to the Oral Exam as scheduled.
- **Non-Pass:** If the student receives a score of Non-Pass on any section of the Clinical Component from *both* the Chairperson and Second Reader, the Oral Exam will not take place as scheduled. The time scheduled for the Oral Exam will instead be used as a feedback session for the student to meet with the Chairperson and Second Reader to discuss suggestions for improved performance.

The feedback session will be audiotaped, and the student will receive a copy of this tape to aid in the recommended course of action. As discussed in more detail below (see the chapter on Non-Passing Performance), the committee members will agree upon the necessary follow-up in the spirit of optimal student learning. Depending on the extent of revision needed for the student to achieve a passing performance on the Clinical Component, the Chairperson and Second Reader may recommend one of three options:

- Remediation of the problems identified with the current Exam materials and rescheduling of the Oral Exam for later in the Spring semester, or
 - Resubmission of a new paper and/or taped session at the beginning of the Fall semester, or
 - Retaking the entire Qualifying Exam with the next cohort in the following Spring semester.
- **Disagreement:** If, on any section of the Clinical Component, the student receives a passing score from one of his/her readers and a non-passing score from the other, a Third Reader will be assigned to review and score the section(s) in question. The Third Reader will receive a copy of the whole Clinical Component for reference, but will only score the section(s) for which there is a scoring disagreement. The scoring from the Third Reader is used to determine whether the student receives a Pass or Non-Pass on the Clinical Component. The student then meets with the Chairperson and Second Reader for either the Oral Exam or feedback session, as described above.

STUDENT CHECKLIST FOR CLINICAL COMPONENT:

- Clinical Paper written in APA style (American Psychological Association, 2010), including abstract, references, pagination, margins, spacing, and font size.
- Paper contains an abstract of no more than 150 words in length
- Paper is **no less than** (10) and **no longer than** fourteen (14) double-spaced pages (not including title page, abstract, and references)
- Paper gives a good clinical description of the process of therapy with this client, as well as a solid case conceptualization
- Agency Consent Form and Client Consent Form are included, with forms signed by the site Director of Training.
- All identifying information re: the client(s) in each paper **must** be removed. Initials or a pseudonym may be used (and indicated as such); or, if identifying information is present, it should be redacted. Students will not be penalized if the client or therapist states the client's first name on the tape. If the client's last name is used on the tape, the student will return all copies of the tape to the Chairperson after the Oral Exam to ensure destruction of the recording.
- Audiotape (standard size), videotape (VHS), CD, or DVD included. Recording must be **audible and/or visible**
- Transcript of no more than thirty (30) minutes of the session included
- Materials include a separate descriptive memo of the taped session
- Clinical material on treatment cases can be reviewed and discussed (including protocols, test results, and reports) by one primary, on-site supervisor as part of supervision, and is actually ethically bound to do so. However, **there is to be no extensive consultation or focus on the Qualifying Exam tape beyond standard supervision for that site or supervisor.**
- No **written** component of the Qualifying Exam is to be reviewed by a supervisor or other person.
- Clinical Paper, recording, transcript, and memo submitted to the GIPP Program Coordinator **in triplicate**, with the materials in manila envelopes labeled for Chairperson, Second Reader, and File, respectively.

COMPONENT II: THEORETICAL PAPER

GUIDELINES FOR THEORETICAL PAPER

The Theoretical Paper must be on *one* topic area of clinical relevance to the Clinical Paper and based on the current literature. In this paper, the student should discuss, critically analyze, and integrate the current clinical research with the theoretical literature on his/her specific topic, which must *directly relate* and include the client about whom he/she is writing.

- The Theoretical Paper *should not use more than ten (10)* journal articles or book chapters as references. At least 50% of these references should represent literature published within the last 5 years; there is also a limit of no more than two (2) Internet papers/publications, and every effort should be made to insure that these are credible sources (e.g., NIMH).
- Relevance to the client should be referenced throughout the Theoretical Paper. For example, if the student is writing about skills training in Dialectical Behavior Therapy, how the client responded to a particular intervention, or why a particular intervention was used with this client should be included. This requires the student to be discriminating about the concepts used and the examples used to illustrate those concepts. Please see Criterion #3 on the Theoretical Paper score sheet.

Examples of possible paper categories:

1. General theme of central importance to the conceptualization of the client:

- a. The student's client is a survivor of childhood sexual abuse, and the student develops a paper that addresses the diagnostic issues for this syndrome.
- b. The student's Latina client is a pregnant teenager, and the student elects to write about current trends and theory regarding adolescent pregnancy in the Latino/a culture (and how his/her client may fit into that theory).

2. Diagnostic classification:

- a. The student has diagnosed the client as having Generalized Anxiety Disorder, and writes the theoretical paper on current effective treatments of GAD (and how his/her client may have responded to a particular intervention).
- b. The student's client has been diagnosed with Borderline Personality Disorder, and the student develops a paper that examines the efficacy of Dialectical Behavior Therapy.

3. Etiology of the disorder:

- a. The student's client has been diagnosed with schizophrenia, and the student develops a paper that contrasts biological vs. psychodynamic perspectives (and how his/her client responded to medication, from the biological perspective).
- b. The student's client is a child, and the student develops a paper which examines the psychodynamic perspectives of play therapy.

4. *Outcome literature:*

- a. The student's client has school-related behavior problems; the student develops a paper which addresses the empirical literature on the efficacy of cognitive-behavioral therapy for school-related behavior problems (and whether it benefitted his/her client).
- b. The student's client has been bullied at school; the student develops a paper which addresses the empirical research for anti-bullying curricula in middle schools.

EVALUATION AND SCORING

The same Committee Chairperson and Second Reader who reviewed the Clinical Component will review the Theoretical Paper. Please see Appendix I for a complete listing of the evaluative criteria for the Theoretical Paper.

- In order to pass the Theoretical Paper, the student must earn the minimum passing score of 12.
- If the Theoretical Paper is *scored two (2) or below* (on a scale of 1-4) from one or both Reader(s) on organization, writing ability or APA editorial style, the paper *will receive a non- passing score even, if the total score would be above the minimum score for an overall Pass.*

There are three initial outcomes possible for the Theoretical Paper:

- **Pass:** A student who receives a passing score from the Chairperson and Second Reader on the Theoretical Paper has successfully completed this part of the Qualifying Exam. If the student also successfully passes the Clinical Component (discussed above), the student will proceed to the Oral Exam as scheduled.
- **Non-Pass:** If the student receives a score of Non-Pass on the Theoretical Paper from *both* the Chairperson and Second Reader, the Oral Exam will not take place as scheduled. The time scheduled for the Oral Exam will instead be used as a feedback session for the student to meet with the Chairperson and Second Reader to discuss suggestions for improved performance.

The feedback session will be audiotaped, and the student will receive a copy of this tape to aid in the recommended course of action. As discussed in more detail below (see the chapter on Non-Passing Performance), the committee members will agree upon the necessary follow-up in the spirit of optimal student learning. Depending on the extent of revision needed for the student to achieve a passing performance on the Theoretical Paper, the Chairperson and Second Reader may recommend one of three options:

- Remediation of the problems identified with the current Exam materials and rescheduling of the Oral Exam for later in the Spring semester, or
 - Resubmission of a new paper at the beginning of the Fall semester, or
 - Retaking the entire Qualifying Exam with the next cohort in the following Spring semester.
- **Disagreement:** If the student receives a passing score on the Theoretical Paper from one of his/her readers and a non-passing score from the other, a Third Reader will be assigned to review and score this paper. The scoring from the Third Reader is used to determine whether the student receives a

Pass or Non-Pass on the Theoretical Paper. The student then meets with the Chairperson and Second Reader for either the Oral Exam or feedback session, as described above.

STUDENT CHECKLIST FOR THEORETICAL PAPER:

- Theoretical Paper written in APA style (American Psychological Association, 2010), including abstract, references, pagination, margins, spacing, and font size.
- Paper contains an abstract no longer than 150 words in length.
- Paper is ***no less than eight*** (8) and ***no longer than ten*** (10) double-spaced pages (not including title page, references, etc.); ***no more than 10*** references (at least 5 are within the past 5 years).
- Topic of Theoretical Paper is relevant to client discussed in Clinical Paper, and client is discussed in Theoretical Paper.
- Paper is submitted to the GIPP Program Coordinator ***in triplicate***, with the paper in manila envelopes labeled for Chairperson, Second Reader, and File, respectively.

COMPONENT III: ORAL EXAMINATION

GUIDELINES FOR THE ORAL EXAMINATION

The Committee Chairperson and Second Reader who reviewed the Clinical Component and Theoretical Paper will conduct the Oral Exam. The spirit of the Oral Exam is intended to be a collegial learning experience for the student. The exam also serves as preparation for other individual evaluations of professional competencies found in the proposal and final defenses of the doctoral dissertation, internship interviews, and licensing exams.

- The Oral Exam will last approximately one (1) hour.
- The Oral Exam will be audiotaped, and the tape will be returned to the student upon successful completion of the Oral Exam. If the student does not want the tape, it will be erased or destroyed by a member of the GIPP staff.
- The focus of the Oral Exam will be on the Clinical Component, but may also include discussion of the Theoretical Paper. The format is as follows:
 - Honor Code is signed; taping of session begins
 - The student begins with a **15-20 minute presentation** of the work described in the Clinical Component, including information about the client, the focus of his/her paper, and self-reflection as described in the descriptive memo. **Students may use notes if they wish.**
 - Readers will then question the student on issues and concerns raised by his/her paper, and explore the student's understanding of both the client and his/her case conceptualization of that client. The theoretical/conceptual framework used in the Clinical Paper is to be of the student's choosing. However, Readers may well ask students to discuss a second theory in relation to the client. In preparation for the Oral Exam, it is thus recommended that each student be able to apply **two theoretical viewpoints** to their client. This part of the exam takes approximately 30 minutes. The Committee may also inquire as to what relevant assessment instruments would be appropriate if the student were testing this client.
 - Readers will then request that the student leave the room so that they may complete the scoring of the Oral Exam. After scoring the student's performance independently, the Readers confer about the student's performance. The student is then asked to return, and the committee shares the result (Pass/Non-Pass) and feedback about the Oral Exam with the student.

EVALUATION AND SCORING

Please see Appendix J for a complete listing of the evaluative criteria for the Oral Examination. In order to pass the Oral Examination, the student must earn the minimum passing score of 9.

There are three initial outcomes possible for the Oral Exam:

- **Pass:** A student who receives a passing score from the Chairperson and Second Reader on the Oral Exam has successfully completed all components of the Qualifying Exam.

- **Non-Pass:** If the student receives a score of Non-Pass on the Oral Exam from *both* the Chairperson and Second Reader, the Oral Exam must be repeated. The committee will give the student feedback about his/her performance at the conclusion of the first Oral Exam, and the student will be asked to meet with the committee to discuss the process and possible remediation. This meeting will take place *within two (2) weeks* of the first Oral Exam. A second Oral Exam will be rescheduled with the same committee *no earlier than two (2) weeks and no later than four (4) weeks* following the first Oral Exam.

A student who receives a passing score from both Readers on a second Oral Exam has successfully completed all components of the Qualifying Exam. Should a student not receive a passing score from both Readers, the student will receive a Non-Pass on the Oral Exam.

- **Disagreement:** If there is disagreement about whether the student passed the Oral Exam, a Third Reader will be assigned to review written materials and the audiotape of the Oral Exam. The scoring from the Third Reader is used to determine whether the student receives a Pass or Non-Pass on the Oral Exam. If the Third Reader cannot decide whether the student passed the Oral Exam solely through review of the tape and materials, a repeat of the Oral Exam will be scheduled with the Chairperson, Second Reader, and Third Reader *no earlier than two (2) weeks and no later than four (4) weeks* following the first Oral Exam.

A student who receives a passing score from a majority (at least 2/3 Readers) on a second Oral Exam has successfully completed all components of the Qualifying Exam. Should a student not receive a passing score from a majority of Readers, the student will receive a Non-Pass on the Oral Exam.

STUDENT CHECKLIST FOR ORAL EXAM:

- Copy of the Honor Code for the Oral Exam
- Prepared 15-20 minute presentation
- Prepared notes, if needed
- Additional theoretical viewpoint and appropriate assessment tools considered

NON-PASSING PERFORMANCE

GENERAL GUIDELINES

Clinical Component and Theoretical Paper

If the student receives a score of Non-Pass from *both* the Chairperson and Second Reader on any section of the Clinical Component and/or the Theoretical Paper, the Oral Exam will not take place as scheduled. The time scheduled for the Oral Exam will instead be used as a feedback session for the student to meet with the Chairperson and Second Reader to discuss suggestions for improved performance on one or both components of the Qualifying Exam.

The feedback session will be audiotaped, and the student will receive a copy of this tape to aid in the recommended course of action. The committee members will agree upon the necessary follow-up in the spirit of optimal student learning. Depending on the extent of revision needed for the student to achieve a passing performance on one or both components, the Chairperson and Second Reader may recommend one of three options:

- Remediation of the problems identified with the current Exam materials and rescheduling of the Oral Exam for later in the Spring semester, or
- Resubmission of a new paper and/or taped session at the beginning of the Fall semester, or
- Retaking the entire Qualifying Exam with the next cohort in the following Spring semester.

A student who receives a passing score from both Readers on all remediated or resubmitted materials from the Clinical Component and/or the Theoretical Paper will proceed to the Oral Exam. Successful performance on the Oral Exam indicates successful completion of all components of the Qualifying Exam.

Should a student not receive a passing score from both Readers on all remediated or resubmitted components, this will constitute a Non-Pass on the first administration of the Qualifying Exam. As described in greater detail below, the student's academic status will change to Probation, and the student must retake the entire Qualifying Exam the following spring.

Oral Examination

If the student receives a score of Non-Pass on the Oral Exam from *both* the Chairperson and Second Reader, the Oral Exam must be repeated. The committee will give the student feedback about his/her performance at the conclusion of the first Oral Exam, and the student will be asked to meet with the committee to discuss the process and possible remediation. This meeting will take place ***within two (2) weeks*** of the first Oral Exam. A second Oral Exam will be rescheduled with the same committee ***no earlier than two (2) weeks and no later than four (4) weeks*** following the first Oral Exam.

A student who receives a passing score from both Readers on a second Oral Exam has successfully completed all components of the Qualifying Exam. Should a student not receive a passing score from both Readers on the second Oral Exam, this will constitute a Non-Pass on the first administration of the Qualifying Exam.

First Non-Passing of the Qualifying Exam

If the student does not pass the first administration of the Qualifying Exam, the student's academic status will change to Probation (see the *Student Handbook* for further information about academic probation).

The student must retake the entire Qualifying Exam the following spring, and the Qualifying Exam Coordinator will assign the student a different Chairperson and Second Reader than for the first administration. The procedures and standards for the year in which the student is retaking the Exam will apply. On the second administration of the Qualifying Exam, however, there are no opportunities for remediation or resubmission of materials to resolve a non-passing performance on any of the three components of the exam.

A student who receives a passing score from both Readers on *all* components of the second administration has successfully passed the Qualifying Exam. Provided there are no other reasons for the student to remain on Probation, the student's academic status will be returned to Good Standing.

Second Non-Passing of the Qualifying Exam

Should a student not receive a passing score from both Readers on any component of the second administration of the Qualifying Exam, the student will be dismissed from the doctoral program. The student has the right to appeal this decision and should consult the *Student Handbook* regarding dismissal and the appeal process.

REMEDIATION

When a student's score on a section of the Clinical Component or on the Theoretical Paper falls below the minimum passing score, the Committee has the discretion to offer the student a plan for remediation of his/her non-passing performance. Remediation is the most common action taken for a non-pass for substantive reasons, provided that the Committee can foresee the student successfully completing the remediation plan ***within two (2) to four (4) weeks from the date of the feedback session***. A remediation plan may include any or all of the following examples:

- Reorganization of the Clinical and/or Theoretical Paper to improve the student's conceptualization of the case or an issue involved
- An additional descriptive memo to discuss an issue in greater detail from the clinical session (e.g., countertransference)
- Detailed critique or reflection on the content, process, therapist/client interaction, and/or professional performance on the original tape. Written documentation should not exceed three (3) double-spaced pages.
- Running commentary on the transcript to document how the student could demonstrate better clinical skill (e.g., through greater attention to the client's cultural or ethnic background)
- Submission of a new tape, transcript, and descriptive on the same client to highlight the student's current level of clinical skill
- A new Theoretical Paper on a different topic that better relates to the client's issues
- A brief supplemental paper on countertransference, ethical issues, or other issues deemed pertinent to demonstrating clinical competencies for the student's clinical work

If the Clinical Component and/or the Theoretical Paper are declared a non pass for technical reasons because APA style had not been followed, the Committee may recommend that one or both papers be revised with strict adherence to APA style. A similar action may be taken if any of the written materials do

not meet the criteria (e.g., page limits, font size) outlined in this *Manual* or if the tape is found to be inaudible.

The Committee and the student will agree on a due date for these remediation materials, but students will have ***no less than two (2) weeks*** to complete the remediation. The Oral Exam should be rescheduled for ***no later than four (4) weeks*** after the originally scheduled Oral Exam. The Chair is responsible for submitting a written copy of the remediation plan (see Appendix K for a sample) to the student and the Qualifying Exam Coordinator ***no later than one (1) week*** after the feedback session. This letter will be kept in the student's file.

The student is required to submit remediation materials in triplicate and labeled in the same manner as for the original Qualifying Exam. The committee will score the revised materials to determine whether the student has passed the Clinical Component and/or Theoretical Paper.

Should the student object to the remediation plan, he/she can submit a written appeal to the Qualifying Exam Coordinator. If the matter remains unresolved, the student can appeal to the GIPP Director for a resolution.

RESUBMISSION OF MATERIAL(S)

If the Committee deems that the student's submitted materials for the Clinical Component or the Theoretical Paper are below an acceptable level for doctoral work, they may recommend that the student submit a new Theoretical or Clinical Paper, and/or record a tape on a ***new*** client, along with a new transcript and descriptive memo. This course of action is most appropriate when the topic of the paper(s) was not well-chosen, when more evidence of professional clinical interactions is needed, or when the submitted materials otherwise cannot be revised in a satisfactory manner.

Clinical interaction with a new client must begin or take place no later than three (3) months before the materials are due, which may require that practicum be extended in order to fulfill this requirement. The Committee may also recommend additional assistance for the student, such as an additional course, an independent study, instruction in writing skills, or other steps toward competency development. The Chair will submit a copy of the proposal for the resubmission of materials to the student and the Qualifying Exam Coordinator. The form of this proposal will be similar to that of that a remediation letter, and will be kept in the student's file.

The requested material(s) are to be submitted to the GIPP Program Coordinator ***no later than 8:30 A.M. on the first day of classes of the following Fall semester***. The Oral Exam will then be scheduled by the Qualifying Exam Committee.

As a resubmission of materials is a continuation of the first administration of the Qualifying Exam, the student will remain assigned to the original Chairperson and Second Reader insofar as possible. The procedures and standards for the year in which the student began the exam will likewise remain in effect. The Qualifying Exam Coordinator will schedule the Oral Exam for ***no later than two weeks*** after the due date for the resubmitted materials.

RETAKE THE QUALIFYING EXAM

A serious circumstance arises when members of the Committee agree that remediation or resubmission would not be sufficient for the student to pass **both** the Clinical Component and the Theoretical Paper within the respective time limits for these procedures. It is also a serious deficiency if any of the Qualifying Exam materials (including the Agency Consent and Client Consent Forms) are missing and/or

submitted past the due date for the Exam. In such extreme cases, the Committee may recommend that the student's initial administration of the Qualifying Exam be declared a Non-Pass without giving the student the opportunity for remediation or resubmission of materials.

The rationale for this recommendation must be presented in writing to the Qualifying Exam Coordinator, who will review all exam materials and score sheets for this student's exam. The Exam Coordinator will present a recommended course of action to the GIPP Director, who will make the final decision.

If the GIPP Director determines the student's first administration of the Qualifying Exam to be a Non-Pass, the student's academic status will change to Probation and the student must retake the entire Qualifying Exam the following year. The procedures for a first non-passing of the Qualifying Exam, described above in the General Guidelines, will be followed.

Any student who is not given the opportunity for remediation or resubmission of materials for the first administration of the Qualifying Exam will have a Special Advisement Review (as described in the *Student Handbook*) to develop a plan with the student to help bring his/her performance to a passing level by the following spring. Recommendations from such a review will go before the GIPP core faculty for their review and approval.

APPENDIX A

SAMPLE CASE EXTENSION LETTER

To: Peter Weiss, Ph.D., Qualifying Examination Coordinator
From: *(Student Name)*
Re: Qualifying Exam Extension
Date: December 13, 2010

Dear Dr. Weiss:

I am writing to you requesting an extension for the submission of my Qualifying Exam. Due to the unexpected severe illness of the client I chose for my Qualifying Exam, and due to the fact that there is not another appropriate client for me to engage at my site at this time, I am requesting an extension of two weeks (February 5, 2011) to turn in my Exam. I appreciate your consideration of this matter.

Student

Practicum Supervisor

Date

Request Approved

Request Not Approved

Peter Weiss, Ph.D., Qualifying Exam Coordinator

APPENDIX B

AGENCY CONSENT FORM

Permission is granted to _____, a Psychology Practicum Student, working under the supervision of _____, a Licensed Psychologist in the _____ (unit or program) at _____ (site), to use information obtained through interactions with clients for the purposes of fulfillment of the educational and training requirements of the Qualifying Examination.

Information obtained and used by _____ will ensure the anonymity of all clients with whom she/he has contact. All identifying information that appear on forms, papers or tapes submitted to the Doctoral Program in Clinical Psychology at the University of Hartford will be deleted, and the tape(s) may be returned to the agency at the agency's request.

Student

Date

Supervisor

Date

Site Director of Training

Date

APPENDIX C

CLIENT CONSENT FORM

I _____ (*initialed* by client, or parent/guardian) give my permission to be (or to have my child or children) (child's initials) _____ audio or video taped and to use information obtained through interactions for the purposes of fulfilling educational and training requirements by _____, a Psychology Extern, working under the supervision of _____, a Licensed Clinical Psychologist in the _____ (unit or program) at _____ (site). I have been informed that all identifying information, such as my name, will not be included on any material submitted to the Doctoral Program in Clinical Psychology at the University of Hartford where _____ is a student.

All copies of tapes will be returned to _____. I have been informed and understand that all information obtained by _____ is confidential, and that any use of this information will maintain my anonymity.

This written consent expires six months from the date of its signing.

In order to protect confidentiality, the client or parent is to *initial* rather than sign the Client Consent Form.

Client's Initials

Witness

APPENDIX D

Summary of Qualifying Examination Results



College of Arts and Sciences
UNIVERSITY OF HARTFORD

SUMMARY OF QUALIFYING EXAMINATION RESULTS

Student Name _____

Component	Pass (Date)	Non Pass (Date)	N/A
Theoretical Paper			
Clinical Paper			
Clinical Tape/Memo			
Oral Examination			

Has student passed all components of the Qualifying Examination?

Yes _____ No _____

Date passed _____

Comments/Recommendations (Attach additional sheets if needed)

Committee Chairperson _____

Date _____

Second Reader _____

Date _____

APPENDIX E

Letter of Completion of Qualifying Examination



College of Arts and Sciences
UNIVERSITY OF HARTFORD

March 1, 2011

Re: (Student Name)
Qualifying Examination

Dear _____:

I am writing on behalf of the faculty of the Graduate Institute of Professional Psychology to confirm that you have passed all components of the Qualifying Examination.

Congratulations! I look forward to your continued success in the program.

Sincerely yours,

John G. Mehm, Ph.D
Director, Graduate Institute of Professional Psychology

cc: Tina Pesola, A & S Evaluator
Student file

APPENDIX F

QUALIFYING EXAMINATION HONOR CODE

Each student is expected to present an original sample of work as the basis for his/her Qualifying Examination, both for the written and oral sections. The student must satisfy the following requirements:

1. The case selected must be **a therapy case which can begin prior to three months; however, the taped session must take place no earlier than three months before Qualifying Exams are due.**
2. Clinical material on Treatment Cases can be reviewed and discussed (including tapes and reports) by one primary, on-site supervisor as part of supervision. However, there is to be **no extensive consultation or focus on the Qualifying Exam tape** and no **written** component of the exam materials is to be reviewed.
3. No faculty member or other students will have reviewed any **written or taped component**. Faculty other than the student's committee may be solicited for **references or suggestions for resources**, but will not be utilized as informal consultants/discussants on the clinical or theoretical papers. Papers may be edited by an outsider for language, grammar, etc., but not for content.
4. Students are not to present or discuss their **Treatment Cases in any of their seminars or academic courses within three months prior to submitting the Exam.**

I have read the above requirements and attest that I am in accordance with all requirements and principles of the Qualifying Examination.

SIGNATURE _____ DATE _____

PRINTED NAME _____

COMMITTEE _____

APPENDIX G

SPECIAL PERMISSION FOR BRIEF TAPE

This letter is to certify that _____ has obtained
(Student Name)
special permission to submit a tape of less than 45 minutes in length for the Qualifying Exam, due
to the length of sessions at the student's practicum site.

Student

Practicum Supervisor

Qualifying Exam Coordinator

Date

APPENDIX H

QUALIFYING EXAMINATION EVALUATIVE CRITERIA CLINICAL COMPONENT (Clinical Paper, Tape, Memo)

Date: _____

Page 1 of 3

Student: _____

Reader: _____

1st Exam:

2nd Exam:

Chairperson:

Remediation:

2nd Reader:

New Paper (Fall):

3rd Reader:

Clinical Component Summary of Results

Clinical Paper:

Pass: Yes No
Non-pass for technical reasons: Yes No
Non-pass for substantive reasons: Yes No
Remediation Recommended: Yes
Resubmit paper Recommended: Yes
Re-take Exam Recommended: Yes

Tape/Memo:

Pass: Yes No
Non-pass for technical reasons: Yes No
Non-pass for substantive reasons: Yes No
Remediation Recommended: Yes
Resubmit paper Recommended: Yes
Re-take Exam Recommended: Yes

Scoring Key for both Clinical & Theoretical Components:

- 4 = **Excellent**; material in the category exceeds what would be expected of a 2nd year doctoral student; material exhibits a sophisticated depth of understanding and professionalism.
- 3 = **Solidly competent**; material in the category exhibits what would be expected of a 2nd year doctoral student, such as a solid understanding of concepts
- 2 = **Satisfactory with concerns**; material in each category is below expectation for a 2nd year doctoral student, and needs remediation.
- 1 = **Non-pass**; material in the category is unacceptable or does not address areas highlighted in the category.

Date: _____

Student: _____

Reader: _____

1 st Exam:	<input type="checkbox"/>
Remediation:	<input type="checkbox"/>
New Paper (Fall):	<input type="checkbox"/>

2 nd Exam:	<input type="checkbox"/>
-----------------------	--------------------------

Chairperson:	<input type="checkbox"/>
2 nd Reader:	<input type="checkbox"/>
3 rd Reader:	<input type="checkbox"/>

A. Clinical Paper

Criteria	Scoring (1-4)	Comments
		<i>(must be included, particularly for criteria scoring below 3:</i>
1. Overall writing ability		
2. Adherence to APA style		
3. Ability to discuss reasons for adhering to/departing from the chosen theoretical model		
4. Quality of case conceptualization, including understanding of presenting problem, diagnosis, and appropriate use of 5 DSM-IV-TR Axes		
5. Treatment plan, goals and interventions; appropriateness for client congruent with theory		
6. Inclusion of the role of context and diversity to client issues		
7. Overall ability to integrate material and present coherent and well-grounded arguments; inclusion of evidence-based research and/or scholarly literature		
Total Score:		

Possible Range: 7-28
Minimum Passing Score: 21*

*If Items #1 or #2 receive a score of 2 or below, Clinical Paper **must** receive a non-pass for technical reasons.

Date: _____

Student: _____

Reader: _____

1 st Exam: <input type="checkbox"/>
Remediation: <input type="checkbox"/>
New Tape/Memo (Fall): <input type="checkbox"/>

2 nd Exam: <input type="checkbox"/>
--

Chairperson: <input type="checkbox"/>
2 nd Reader: <input type="checkbox"/>
3 rd Reader: <input type="checkbox"/>

B. Tape/Memo

Tape audible? Yes No

Criteria	Scoring (1-4)	Comments
Transcript/Tape/Observation		<i>(must be included, particularly for criteria scoring below 3:</i>
1. Evidence of a therapeutic alliance with the client, demonstrated by empathy, respect, engagement, and ability to remain attuned to the client. (N.B.: If applicable, Chair scores on observation or tape, Second Reader must score on transcript)		
2. Awareness of professional role and responsibilities as evidenced by adherence to standards of APA's Ethical Principles.		
3. Awareness of both content and process on the tape and in the memo (N.B.: If applicable, Chair scores on observation or tape, Second Reader must score on transcript)		
4. Ability to demonstrate professional skills congruent with those of a beginning therapist		
Memo		
5. Ability to self-reflect in the memo and to address issues related to the therapeutic relationship, transference, and countertransference		
6. Ability to identify own strengths and areas for continued development		
Total Score:		

Possible Range: 6-24

Minimum Passing Score: 18

APPENDIX I:

**QUALIFYING EXAMINATION EVALUATIVE CRITERIA
THEORETICAL PAPER**

Date: _____

Student: _____

Reader: _____

1st Exam: <input type="checkbox"/>
Remediation: <input type="checkbox"/>
New Paper (Fall): <input type="checkbox"/>

2nd Exam: <input type="checkbox"/>
--

Chairperson: <input type="checkbox"/>
2nd Reader: <input type="checkbox"/>
3rd Reader: <input type="checkbox"/>

<i>Theoretical Paper Summary of Results</i>		
Pass:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Non-pass for technical reasons:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Non-pass for substantive reasons:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remediation Recommended:	<input type="checkbox"/> Yes	
Resubmit paper Recommended:	<input type="checkbox"/> Yes	
Re-take Exam Recommended:	<input type="checkbox"/> Yes	

Theoretical Paper:

Criteria	Scoring (1-4)	Comments
		<i>(must be included, particularly for criteria scoring below 3:</i>
1. Overall writing ability		
2. Adherence to APA style		
3. Discussion of application and relevance to the client discussed in the clinical paper		
4. Demonstrated capacity to analyze and integrate literature and provide a multi-faceted critique of ideas, concepts and points of view, including strengths & weaknesses of theory.		
Total Score:		

Possible Range: 4-16
Minimum Passing Score: 12*

*If Items #1 or #2 receive a score of 2 or below, Theoretical Paper must receive a non-pass for technical reasons.

APPENDIX J

**QUALIFYING EXAMINATION EVALUATIVE CRITERIA
ORAL EXAM**

Date: _____

Student: _____

Reader: _____

1st Exam: <input type="checkbox"/>
Remediation: <input type="checkbox"/>

2nd Exam: <input type="checkbox"/>
--

Chairperson: <input type="checkbox"/>
2nd Reader: <input type="checkbox"/>
3rd Reader: <input type="checkbox"/>

<i>Oral Exam Results:</i>	
Pass:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Remediation:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Oral Exam Rescheduled: _____	(Date)

Oral Exam

Criteria	Scoring (1-4)	Comments
		<i>(must be included, particularly for criteria scoring below 3:</i>
1. Quality of presentation, comprehensiveness, effective communication; ability to think on one's feet		
2. Grasp of topic(s) and subject areas, insight into client functioning and dynamics, alertness to clinical process		
3. Ability to self-critique and reflect on professional performance		
Total Score		

Possible Range: 3-12
Minimum Passing Score: 9

APPENDIX K

SAMPLE REMEDIATION LETTER

MEMO

To: (Student Name)
From: Donna DiCello, Psy.D., Chair, Qualifying Exam Committee
RE: Remediation of Qualifying Exam
Date: February 23, 2011

This letter is to document the Qualifying Exam remediation requirements for (Student Name), as per the Feedback Session on (Date). Per this meeting, (Student Name) has agreed to the following:

1. He will write a new clinical treatment paper on the same client, which will include the following:
 - a. A more through description/explanation of the major tenets of Cognitive-Behavioral treatment, as well as its application with this client.
 - b. A more through discussion of the transference/countertransference reactions in the therapy.
2. He will be allowed to finish and resubmit the current Theoretical Paper.
3. He is to submit a tape of another session with this client, in which he will illustrate CBT.
4. He will submit a new Descriptive Memo that will elaborate upon the new tape.
5. He is to submit all the above material to both (Second Reader Name) and myself by 12:00 (noon) on (Date).
6. If (Second Reader Name) and I decide that he has successfully met these remediation requirements, the Oral Examination will take place on (Date) at 11:00 AM.

Respectfully submitted,

Donna DiCello, Psy.D.
Chair, Qualifying Examination Committee

Cc: (Second Reader Name), Second Reader
Peter Weiss, Ph.D., Qualifying Examination Coordinator
Student File

APPENDIX L

Faculty Checklist for the Qualifying Exam

- The committee Chair will contact the Second Reader ***no later*** than 12:00 Noon on the Tuesday of the week before a student's scheduled Oral Exam to receive a score of Pass/No Pass on the Clinical Component and the Theoretical Paper. The Chair will convey these results to Cindy by this deadline, to ensure timely assignment of a Third Reader, if needed.
- Turn in ***score sheets*** to Cindy no later than the Thursday of the week before a student's scheduled Oral Exam. GIPP staff will notify students of their status that evening via email.
- Written feedback should be on student's written documentation. Feedback also needs to be on the score sheets; *sheets without feedback will be returned by Cindy to the committee member*. Results forms may be submitted to Cindy by e-mail.
- Scheduled Oral Exam begins on time.
- Chair ensures that the Honor Code is signed at the start of the Oral Exam.
- Oral Exam is audiotaped.
- At the end of Oral Exam (if a student passes), student receives *all* papers and recordings, and is offered the tape of the exam.
- Chair will make a copy of the Oral Exam score sheets and the Summary of Qualifying Exam Results for the student at the end of the Oral Exam.
- Chair is responsible for returning to Cindy the score sheets for the Oral Exam, Honor Code, and Summary of Qualifying Exam Results immediately after the exam.

SOME SUGGESTED REFERENCES

•*APA Style*

American Psychological Association. (2010). *Publication manual of the American Psychological Association*, 6th ed. Washington, DC: Author).

•*General Case Conceptualization (includes many perspectives)*

Eells, T. (Ed.), (1997). *Handbook of psychotherapy case formulation*. New York, NY: Guilford Press.

Ingram, B.L. (2006). *Clinical case formulations: Matching the integrative treatment plan to the client*. Hoboken, N.J.: John Wiley & Sons, Inc.

Sommers-Flanagan, J. & Sommers-Flanagan, R. (2004). *Counseling and psychotherapy theories in context and practice: Skills, strategies and techniques*. Hoboken, NJ: John Wiley & Sons, Inc.

Wedding, D. & Corsini, R.J. (Eds.). (2005). *Case studies in psychotherapy* (4th ed.). Belmont, CA: Brooks/Cole.

•*Social Construction/Narrative Therapy*

Barker, P. (1996). *Psychotherapeutic metaphors: A guide to theory and practice*. New York: Brunner Mazel.

•*Cognitive-Behavioral*

Persons, J.B. & Tompkins, M.A. (1997). *Cognitive-behavioral case formulation*. In T.D.

•*Family Systems Theory*

Rosenblatt, P.C. (1994). *Metaphors of family systems theory: Toward new constructions*. New York: Guilford Press.

•*Brief/Strategic Therapy*

Quick, E.K. (1996). *Doing what works in brief therapy: A strategic solution focused approach*. San Diego, CA: Academic Press.