

DOCTORAL PROGRAM (PSY.D.) IN  
CLINICAL PSYCHOLOGY

DEPARTMENT OF PSYCHOLOGY  
GRADUATE INSTITUTE OF PROFESSIONAL  
PSYCHOLOGY

QUALIFYING EXAMINATION  
HANDBOOK

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## ***QUALIFYING EXAM: PHILOSOPHY***

**\*Information in Qualifying Examination Guidelines takes precedence over information in the Student Handbook.**

Inclusion of a Qualifying Examination is a standard procedure among psychology doctoral programs. The Qualifying Examination constitutes a marker event in the doctoral program and is intended to assess attainment of psychological attitudes, knowledge, and skills related to professional practice, achievement of doctoral level scholarship (both in clinical conceptualization and writing skills), and readiness to assume additional clinical responsibilities. The 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 foundations of clinical practice, as well as its practical application. Included here is 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.

**Note Bene:** Until *all* portions of the Qualifying Exam are passed, a student cannot receive a letter of readiness for internship application.

### ***GENERAL GUIDELINES AND INSTRUCTIONS FOR THE QUALIFYING EXAM:***

The Qualifying Examination includes three components or parts:

- **Part I:** Clinical Component (Treatment write-up of work with a Practicum client), which includes:
  - a case write-up/conceptualization
  - video or audiotape
  - descriptive memo
  - transcript of a face-to-face taped session
- **Part II:** Theoretical Essay
- **Part 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 Advisor, Professional Practice Seminar leader, Research Assistant or Teaching Assistant assignment. The Chairperson will be 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 Second Reader will *also* be 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. A Third Reader, to be secured by the Qualifying Exam Coordinator, will be obtained if there is

disagreement between the Chairperson and the Second Reader as to whether or not the student should pass any portion of the Clinical Component or the Theoretical Paper. The Chairperson and the Second Reader will 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, or does not allow taping at all, the Chair of the Committee will go to the site to view/listen to the tape or do a live observation of the student. The Chair will report any concerns to the Second reader, but the Second Reader will score *only* the transcript and descriptive memo.

### **General Procedures:**

1. All papers are to be written in the **APA editorial style (abstract, references, pagination)** as based on:

American Psychological Association. (2010). *Publication Manual of the American Psychological Association*. Sixth Edition. Washington, DC: Author.

This includes manuscript preparation and *rules on margins, spacing, and appropriate font size*.

Each paper must be written within the established guidelines for length.

- **Theoretical Essay:**

No less than eight (8) and no more than ten (10) double-spaced pages

- **Clinical Treatment Paper:**

No less than ten (10) and no more than fourteen (14) double-spaced pages

Number of pages refers to *the body of the paper*, and does *not* include the title page, abstract, references, etc.

Each paper (Theoretical and Clinical) must have an abstract of no longer than *150 words*.

2. Audiotapes *must* be on standard size cassettes; videotapes must be on standard VHS tapes.
3. Each student must submit a Client Consent form and Agency Consent form.
4. All identifying information on the client(s) in each *paper must* be removed. Initials or a pseudonym may be used. Initials are sufficient on the client consent forms. *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, rather than the tapes being returned to the student after his/her Oral Exam. The Chairperson will then destroy the tapes.
5. 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 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.
6. No faculty member or student(s) will have reviewed *any written or taped component prior to the examination*. Faculty other than the student's committee may be solicited for references or suggestions *only*, but cannot 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 content.***

7. 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., depending on the year, if the exam is due January 14, three months prior would be October 14).
8. Students may informally discuss clients who may become the subject of their Treatment Cases prior to that October date; this means that they cannot do a formal case presentation and get extensive feedback on the case. If you think that it's possible a case will be used for Quals, try not to present it at all.
9. ***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).
10. 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. However, if a remedial meeting is to take place, they may discuss specific concerns/questions re: the student's papers and/or tape prior to the meeting.
11. Exam results are *not* to be discussed with students prior to their official notification by the Coordinator of Qualifying Exams.
12. Students will be formally informed via electronic mail and by letter delivered to their mailbox as to Pass or Non Pass scores on both papers on the Thursday prior to their scheduled Oral Exam.
13. 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.

***NOTES:***

## ***PART I: CLINICAL COMPONENT***

### ***CLINICAL TREATMENT CASE:***

The aim of the treatment case component is to provide the student with an opportunity to demonstrate his/her theoretical understanding and clinical thinking, skills, and abilities. The Treatment Case paper should be a narrative account of psychotherapy with a particular client, and should include both a conceptual understanding of the client as well as the student's selected interventions. This paper should be a narrative essay of the treatment process and therapist/client interactions. The client selected for the Treatment Case 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 (i.e. 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. The clinical treatment case also includes a ***tape, descriptive memo, and transcript. All of these must be submitted in triplicate to the Program Coordinator (papers must be labeled for Chairperson, Second Reader and File).***

### ***GUIDELINES FOR CLINICAL PAPER:***

The clinical treatment case 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***, if relevant
- g. your thoughts on future directions, or ***what you might do differently.***

Obviously if you choose to use, for example, a group as your case, the above conditions will need to be amended to make conceptual sense (e.g., what is the developmental history of the ***group***, not individual group members, per se).

The clinical treatment case also includes:

- a. an audio or video tape, or CD or DVD recording **45-60** minutes in length; this should illustrate a session which reflects the themes and issues included in the paper and should be **unedited**. A tape of less than 45 minutes requires special permission by the Qualifying Exam Coordinator (e.g. if the client is a child; see Appendix D).
- b. descriptive memo
- c. 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.

### ***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.
- If the Clinical Treatment Case 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 is above the minimum score for an overall Pass**. If this occurs, the remainder of the score sheet does not have to be completed.
- In order to pass the entire 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 a student passes only one component, only the non-passed component is subject to remediation and/or resubmission.
- If the student receives a Pass from one Reader and a Non Pass from the Second Reader, a Third Reader will review the paper. The Third Reader will be a Core Faculty member determined by the Qualifying Exam Coordinator, or, if the subject matter is deemed highly specialized, the Third Reader may be selected from outside the core faculty and will be considered someone expert in that specialized area. Such a recommendation will only be deemed necessary after discussion by the entire Core Faculty.

## ***GUIDLINES FOR TAPE AND DESCRIPTIVE MEMO:***

### ***Tape:***

The taped material submitted with the Clinical Treatment Case provides an important source of information about trainee interactions and behaviors in relation to the client. A tape, therefore, provides a direct way of assessing the student's level of clinical competence and helps ascertain if students are consistent in what they report, and if their work demonstrates basic professionalism and fundamental clinical skill.

***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.*** CDs or DVDs are also acceptable, but please check with your committee members ahead of time to insure that they have the technology to listen to/view them. Also, 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 machine/computer that it will universally be audible.

- Audiotapes must be ***standard size cassettes***; a submission of micro cassettes ***will deem the Exam a non-pass.***

- If the taped session of the Clinical case does not meet the criteria in the clinical treatment section, the student must submit a written statement of explanation co-signed by his/her Practicum Supervisor for consideration for approval/non-approval by the Associate Director, Coordinator of Qualifying Exams.

- 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 pre-arranged interaction with the client at the site. In this case, 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, memo, and detailed process notes (in addition to a descriptive memo) on the observed interaction (students who are unfamiliar with the format of process notes may consult with the Coordinator of Qualifying Exams for clarification). ***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.

***A site can request that all tapes be returned to them in order for them to be destroyed.***

- The tape (audio, video, CD or DVD) should illustrate some phenomena described in the case paper (i.e. diagnostic data, transference behavior, response to an intervention, etc.). 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 student treats children, in which case the session is often only 30 minutes, special permission may be granted by submitting a request to the Associate Director, Coordinator of Qualifying Exams (submit Appendix D).

### ***Descriptive Memo:***

• This paper should be ***no longer than three (3)*** double-spaced pages and should provide sufficient information/explanation for the Readers to understand the basic theme(s) of the Clinical Paper. There should also be an indication of where in the tape 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 more insight-oriented work, but the site follows a cognitive-behavioral protocol); this should be addressed in the descriptive memo.

### ***Evaluation of the Qualifying Exam Clinical Component (paper, tape, descriptive memo, transcription):***

(For a complete description, see "Evaluation and Scoring" on Page 7 of this manual, as well as the "Remediation" section).

- If the student does not receive a passing score on either section of the Clinical Component from one of his/her readers, a Third Reader will review the portion in question.
- If the student does not receive a passing score on the Clinical Component from *either* reader, the Oral Exam will not take place. However, the student will meet with his/her original Committee readers during the originally scheduled Oral Exam time to receive feedback and suggestions, such as:
  - written remediation
  - a new paper on a different client
  - submission of a new tape, a new segment of the tape, or a written critique of the current tape

The committee members will agree upon the type of necessary revisions, with the revisions being determined in the spirit of best student learning (see "Remediation" section). At this meeting, a date will be arranged as to when the revised paper and/or tape are to be submitted and the Oral Exam rescheduled. Feedback sessions will be audio-taped and students will have access to this tape, to aid in the clarity of revision requests. Any revision needs to be submitted in triplicate and labeled as with the original Qualifying Exam.

***STUDENT CHECKLIST FOR CLINICAL COMPONENT:***

- Paper written according to APA style guidelines
- 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, etc.)
- Paper gives a good clinical description of the process of therapy with this client, as well as a solid case conceptualization
- Materials include the descriptive memo (again, not part of the paper)
- Audiotape/video tape, CD or DVD included (audiotape is standard size cassette, and is ***audible***)
- Transcript of no more than thirty (30) minutes of the session included
- Paper and tape submitted in triplicate to the Program Coordinator (Papers must be labeled for Chairperson, Second reader, and File)
- Agency Consent Form and Patient Consent Form are included in all packets; the Director of Training signature is from the *site*, *not* from GIPP

***NOTES:***

## ***PART II: THEORETICAL COMPONENT***

### **•GENERAL GUIDELINES:**

•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** to the client about whom he/she is writing. (See Scoring, Appendix A).

- The Theoretical Paper **should not use more than ten (10)** journal articles or book chapters as references. *At least fifty percent 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).*
- If the Theoretical Paper is scored **two (2)** or below on **either** APA format/editorial style **or** organization/writing, the paper will receive a non-passing score until it is revised and obtains a passing score, *even if the total score is above the minimum score for an overall Pass.*
- ***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 Criteria #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 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 (e.g., and how his/her client may fit into that theory).
- b. 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.

#### ***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 (e.g., 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 (e.g., 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 outcome literature for Cognitive-behavioral therapy and its efficacy for school-related behavior problems (e.g., and how it benefited/did not benefit his/her client).
- b. The student's client has been bullied at school; the student develops a paper which addresses the outcome research for anti-bullying curricula in middle schools.

**EVALUATION & SCORING:**

•Both the Committee Chairperson and Second Reader will read both the Clinical and Theoretical Papers.

•If there is disagreement between these two readers (e.g. the student receives a passing score from the Second Reader, but not from the Chair), a Third Reader will be called in to review the paper.

•If the student receives a Non-Pass score on the Theoretical Paper, a meeting with both Committee members will be arranged in order to identify problem areas, offer feedback as to the revisions needed in order to obtain a passing score, and specify a date when a revised paper is due.

•If the Theoretical Paper is deemed to be a **non-pass for technical reasons** (e.g. if it is longer than the specified length; if it receives less than a three for APA style scoring), a revised paper will be assigned by the Committee; if the Theoretical Paper is a **non-pass for substantive reasons**, a revised paper on a different topic will be assigned (see "Remediation" section of the Manual). A meeting with the Committee will be arranged in order to identify problem areas, offer feedback on revisions needed to obtain a passing score, and to specify the date when the revised paper is due. Both Committee members will again read the Theoretical Paper, since both did not pass it.

***STUDENT CHECKLIST FOR THEORETICAL PAPER:***

- Paper written according to APA style guidelines
- 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 relates to client discussed in Clinical Paper
- Paper has been submitted ***in triplicate*** to the Program Coordinator (papers must be labeled for Chairperson, Second Reader and File)

***NOTES:***

### ***PART III: ORAL EXAM***

#### ***GENERAL GUIDELINES:***

The spirit of the Oral Exam is meant to be collegial, and is meant to be a learning experience for the student. It also serves as a solid preparation for the final Oral Defense of one's dissertation.

- The Oral Exam will last approximately one (1) hour.
- The Oral Exam will be audio taped and students will have access to the taped session. Upon successful completion of Oral Exam, the tape will be returned to the student. 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 his/her 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 Treatment Paper is to be of the student's choosing. However, Readers may well ask students to discuss a second theory in relation to their client. ***It is therefore recommended that each student be able to apply two theoretical viewpoints to their client in preparation for the Oral Exam.*** 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 confer about the student's performance on the Oral Exam. When the discussion is concluded, the student will be asked to return and the results of the Oral Exam (Pass/No Pass) will be shared with the student.

If the Oral Exam is not passed, it must be repeated. A second Oral Exam may be rescheduled with the same Committee ***as early as two (2) weeks and no later than four (4) weeks*** following the originally scheduled Oral Exam. Students who do not pass the Oral Exam the first time will be asked to meet with their Readers to discuss the process and possible remediation. This will take place ***within two (2) weeks*** of the Oral Exam.

If committee Readers are in disagreement as to a Pass/Non Pass score for the Oral Exam, a Third Reader will review the audiotape of the Oral Exam and determine a Pass/Non Pass score. If the Third Reader cannot determine a Pass/No Pass score through review of the tape, a repeat of the Oral Exam will be held with the three Readers present within 4 weeks.

In extreme cases, if **both** members of the Committee are in agreement that remediation is not sufficient for the student to pass either the clinical written, tape/memo or oral portion of the exam within the 4 week time limit, he/she may recommend that the student wait to re-take the exam with the following year's cohort. The rationale for this must be presented in writing to the Qualifying Exam Coordinator for final approval; the Qualifying Exam Coordinator will then review all portions of the student's Qualifying Exam. If the Committee and the Qualifying Exam Coordinator are in disagreement, the case will then be presented to the

Director of the GIPP for a final decision. If the determination is made that the student will take the exam with the next year's cohort, standards for the current academic year in which the student is re-taking the Exam will apply. Students will have a different Committee, assigned by the Qualifying Exam Coordinator, for the second exam.

***STUDENT CHECKLIST FOR ORAL EXAM:***

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

***NOTES:***

## **ADDITIONAL INFORMATION:**

### **1. Honor Code:**

Each student is expected to present an original sample of work for *all* components of his/her Qualifying Exam. The student must satisfy the following requirements in order to successfully pass the Qualifying Exam, as previously reviewed in this Handbook:

- 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 taped session must take place no earlier than three (3) months before the Qualifying Exam due date.*
- **Items 3-9** of the *GENERAL GUIDELINES AND INSTRUCTIONS OF THE QUALIFYING EXAM/ General Procedures* (pp. 4-5, Qualifying Exam Handbook) must be strictly adhered to as part of the Honor Code.
- Students must sign and submit the written Honor Code statement in the presence of their Readers at the beginning of the Oral Exam; this serves as a written oath that the student has adhered to the points highlighted in the Honor Code section of the Handbook.
- **Note Bene:** *Students are expected to bring a copy of the Honor Code (Appendix E) with them to the Oral Exam to be signed at that time.*

### **2. Non-Passed Exams:**

- A student may pass/not pass *any* of the three components of the Exam (Theoretical Paper, Clinical Treatment Case, or Oral Exam). However, until a student passes the Clinical Treatment Component and the Theoretical Component, he/she *cannot* take the Oral Exam component of the Qualifying Exam. A copy of the non-passed exam will be kept in the student's file until the Exam is passed.
- If the any portion of the Clinical component receives a Non Pass score, a meeting between the student and Readers will take place in lieu of the Oral Exam. The purpose of this meeting will be to provide feedback and commentary as to recommended revisions or remediation, or if a new paper is to be submitted. Each Reader will return the student's paper to him/her with a general statement as to the problem areas, along with specific comments as to aspects of the paper which must be changed.
- If the tape/memo is evaluated as a Non Pass, the student may be required to:
  - a. submit a new tape, or
  - b. submit an additional transcript of a different segment of the same tape, or
  - c. write a 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.
- Students will be notified whether they have a Pass or Non Pass score for the Oral Exam during the last part of the Oral Exam. See Remediation section for general guidelines for Non-Passed exams.

If the Committee feels it is necessary for the student to have a Special Advisement Review, the recommendation will go before the full GIPP core faculty for a vote. Readers may also recommend particular remediation for the student, such as an additional course; an independent study; instruction in writing skills; or other steps toward relevant improvement (please see “Remediation” section of this Handbook). If the student elects to disregard the recommended remediation, a Special Advisement Review may be recommended by the Committee to the full faculty. If the student does not pass his/her Qualifying Exam, the student will be placed on Probation status in the program (see the Student Handbook for probationary procedures).

If *any* component of the Qualifying Exam (including the Theoretical component, Clinical Component, or Oral Exam) receives a Non Pass score a second time, the student will be dismissed from the Program. The student has the right to appeal this decision (please see the Student Handbook regarding the appeal process).

Qualifying Exam results, identified concerns, and recommendations will be forwarded to the student and to the Qualifying Exam Coordinator.

**Note Bene:** Students should be advised that until *all* portions of the Qualifying Exam are passed, they cannot receive a letter of readiness for internship application.

**Note Bene:** *If a student receives a score of 2 or below on Items #1 or 2 on the Clinical scoring sheet or Item #4 on the Theoretical scoring sheet from either Reader, the component must receive a non-pass, EVEN if the total score is in the passing range.*

#### **A. Non-pass for technical reasons:**

There are two reasons for which a student may receive a non pass for technical reasons. These are:

1. If any of the components of the Exam, the Agency Consent Form or Client Consent Form are missing and/or submitted past the Exam deadline, if the tape is determined to be inaudible, or if the written components do not meet the criteria as outlined in this handbook (e.g., page limits, font size, etc.); or
2. If APA style format has not been followed (please see Items #1 and #2 on the scoring sheets).

If either the Theoretical Component or Clinical Component is declared a non-pass for any of these reasons, a revised paper (at the discretion of the Committee members) must be submitted in order to satisfy Exam requirements (i.e., the paper in question must be re-written with strict adherence to APA format). A meeting with both Committee members will be arranged in order to identify problem areas, and offer feedback and commentary in order to obtain a passing score; the Committee will also specify the date as to when the revised paper is due.

#### **B. Non Pass for substantive reasons:**

If the Clinical Component of the Exam or the Theoretical Component is declared a non-pass for poor case conceptualization, interventions, other clinical/conceptual reasons, or if the score is below the passing minimum, the Exam will be declared a *non-pass for substantive reasons*. For these non-passed exams, one of three courses of action may be taken:

1. *remediation* (at the discretion of the Committee members),
2. *submission* of new paper(s) as described below, or
3. *re-taking* the Exam with the following year's cohort

#### **a. Remediation:**

Remediation is at the discretion of the Committee members, and is the most common action taken for a *non-pass for substantive reasons*. Some examples of remediation are as follows, and may include any or all of these items:

- a. submission of a new tape on the same client;
- b. re-organization of an existing paper;
- c. detailed commentary by the student on the transcript;
- d. an additional descriptive memo;
- e. a new paper on a different topic (i.e., Theoretical Paper)
- f. a brief paper on countertransference, ethical issues, or other issues deemed important by the Committee

The due date for such material will also be determined by the committee, *but students will have no less than two (2) weeks to complete his/her remediation*. Written documentation of the remediation recommendations must be submitted to the Qualifying Exam Coordinator, which will be kept in the student's file until the Exam is passed.

The Committee and the student will decide on a due date for these materials, and the Oral Exam will be rescheduled. The final Oral Exam should take place no later than *one month* after the original Oral Exam was scheduled. A written copy of the proposed remediation must be submitted to the Qualifying Exam Coordinator, and will be kept in the student's file.

#### **b. Submission of new paper(s):**

If the Committee deems that the paper(s) is below that of doctoral level work, they may elect to deem the Exam a *non-pass for substantive reasons*, and require the student to submit either a new Theoretical or Clinical Paper. In this case, the student must write a Theoretical Paper and Clinical Component of the Exam, and prepare a new tape on a *new* client, *to be submitted no later than 8:30 A.M. on the first day of the following Fall semester*. The Oral Exam will then be scheduled by the Qualifying Exam Committee and the Student. For the Treatment case, clinical interaction with this client must begin or take place no earlier than three (3) months before the Papers are due; practicum may need to be extended in order to fulfill this requirement.

#### **c. Re-taking of the Exam:**

In extreme cases, if **both** members of the Committee are in agreement that remediation is not sufficient for the student to pass any of the components (Clinical or Theoretical) or oral portion of the exam, they may recommend that the student wait to re-take that portion of the exam with the following year's cohort. The rationale for this must be presented in writing to the Qualifying Exam Coordinator for final approval; the Qualifying Exam Coordinator will then review all portions of the student's Qualifying Exam. If the Committee and the Qualifying Exam Coordinator are in disagreement, the case will then be presented to the Director for a final decision. In this case, standards for the current year in which the student is re-taking the Exam will apply. Students will have a different Committee, assigned by the Qualifying Exam Coordinator, for the second exam.

### **3. Return of the Qualifying Exam:**

Readers will return all Results and Consent forms, and copies of the scoring sheets to the student with comments regarding strengths and weaknesses, and suggested areas for improvement at the time of the passed Oral Exam.

One copy of all Qualifying Exam papers, score sheets, Results and Consent forms, and Honor Code will be placed in the student's file. The copy in the student's file will remain there permanently; the copy in the GIPP program file will be kept 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.

### **4. Qualifying Exam Information:**

- There will be two informational sessions for Second year students in the Fall semester regarding guidelines for the Qualifying Exam, facilitated by the Coordinator of the Qualifying Exam. A debriefing meeting will also be held with students at the end of the spring semester to collect feedback regarding procedures, suggested improvements, etc.
- 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.
- A portion of a core faculty meeting each Fall semester will be designated to review Qualifying Exam procedures and review student feedback from the previous year's cohort.

### **5. Special Case Extension/Extenuating Circumstances:**

- If a student begins his/her first Practicum placement after October 1<sup>st</sup> and no later than December 1<sup>st</sup> 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. If the student begins Practicum after December 1<sup>st</sup>, they must take the Exam with the following year's cohort.
- 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 Coordinator of Qualifying Exams and must be submitted at least one week before the Qualifying Exam due date.

### **6. Inclement Weather:**

As Exams are due in the beginning of the Spring semester, there is a slight chance that weather may prevent a student from traveling into school to deposit his/her Exam, or to attend the scheduled Oral Exam. In these situations, the student must confer with the Chair of his/her Committee and with the Qualifying Exam Coordinator to make alternative arrangements.

## Appendix A

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

First time:   
Second time:

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Committee Reader: \_\_\_\_\_

Committee Chair?:  Yes  No  
Third Reader?  Yes

#### *Clinical Component Results:*

#### *Clinical Component Results:*

##### Written Paper:

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 Required:	<input type="checkbox"/> Yes	
Re-take Exam Required:	<input type="checkbox"/> Yes	

##### Tape/Memo:

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 Required:	<input type="checkbox"/> Yes	
Re-take Exam Required:	<input type="checkbox"/> Yes	

#### Scoring Key for both Clinical & Theoretical Components:

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

First time:   
 Second time:

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Committee Reader: \_\_\_\_\_

Committee Chair?:  Yes  No  
 Third Reader?  Yes  No

**I. 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		
<b>Total Score:</b>		

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

\*If Items #1 or #2 receive a score of 2 or below, Clinical Treatment Case **must** receive a non-pass.

First time:   
 Second time:

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Committee Reader: \_\_\_\_\_

Committee Chair?:  Yes  No  
 Third Reader?  Yes  No

**II. Tape/Memo**

Tape audible? Yes  No

Criteria	Scoring (1-4)	Comments
<b>Transcript/Tape/Observation</b>		<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		
<b>Memo</b>		
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		
<b>Total Score:</b>		

**Possible Range:** 6-24  
**Minimum Passing Score:** 18  
*(Transcript/Tape/Observation/Memo)*

**APPENDIX B:**

**QUALIFYING EXAMINATION EVALUATIVE CRITERIA  
THEORETICAL COMPONENT**

**First time:**   
**Second time:**

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Committee Reader:** \_\_\_\_\_

**Committee Chair?:**  Yes  No  
**Third Reader?:**  Yes  No

***Theoretical Component Results***

<b>Pass:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Non-pass for technical reasons:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Non-pass for substantive reasons:</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Remediation Recommended:</b>	<input type="checkbox"/> Yes	
<b>Resubmit paper Required:</b>	<input type="checkbox"/> Yes	
<b>Re-take Exam Required:</b>	<input type="checkbox"/> Yes	

**I. Theoretical Paper:**

<b>Criteria</b>	<b>Scoring (1-4)</b>	<b>Comments</b>
		<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.		
<b>Total Score:</b>		

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

\*If Items #1 or #2 receive a score of 2 or below, the Theoretical Paper **must** receive a non-pass

*APPENDIX C*

**QUALIFYING EXAMINATION EVALUATIVE CRITERIA  
ORAL EXAM**

**First time:**   
**Second time:**

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Committee Reader:** \_\_\_\_\_

**Committee Chair?:**  Yes  No  
**Third Reader?**  Yes  No

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

**I. 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		
<b>Total Score</b>		

**Possible Range:** 3-12  
**Minimum Passing Score:** 9

*APPENDIX D*

This letter is to certify that \_\_\_\_\_ has obtained  
(Student Name)  
special permission to submit a tape of 30 minutes in length for Qualifying Exams, due to  
the length of sessions at the student's practicum site.

---

Student

---

Practicum Supervisor

---

Associate Director/Coordinator of Qualifying Exams

---

Date

*APPENDIX E*

**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 F*

**AGENCY CONSENT FORM**

Permission is granted to \_\_\_\_\_, a Psychology Extern, working under the supervision of \_\_\_\_\_, a Licensed Clinical 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

\_\_\_\_\_  
Director of Training (at site) Date

**APPENDIX G**

**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 Patient Consent Form.

\_\_\_\_\_  
Client's Initials

\_\_\_\_\_  
Witness

**APPENDIX H**

**SAMPLE REMEDIATION**

**MEMO**

To: Mr. XXXX  
From: Donna DiCello, Psy.D., Qualifying Exam Chairperson  
RE: Remediation of Qualifying Exam  
Date: February 2010

This letter is to document the Qualifying Exam remediation requirements for XXXXX, as per the Feedback Session on . Per this meeting, Mr XXXX. 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 Dr. and myself by 12:00 (noon) on .
6. If Dr. and I decide that he has successfully met these remediation requirements, he will take his Oral Examination component on at 11:00 AM.

If Mr. XXXX successfully completes all of the above, and his clinical and theoretical resubmissions and oral defense are evaluated favorable by the Chair and Second Reader, he will pass his Oral Examination.

Respectfully submitted,

Donna DiCello, Psy.D.  
Associate Director  
Chair, Qualifying Examination

Cc: Dr. , Second Reader

*APPENDIX I*

**SAMPLE CASE EXTENSION LETTER**

To: Dr. Donna DiCello, Associate Director  
From: XXXXXXXXXXXX  
Re: Qualifying Exam Extension  
Date: December 13, 2009

Dear Dr. DiCello:

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, 2010) to turn in my Exam. I appreciate your consideration of this matter.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Practicum Supervisor

\_\_\_\_\_  
Date

Request Approved       Request Not Approved

\_\_\_\_\_  
Donna DiCello, Psy.D., Associate Director, Qualifying Exam Coordinator

## *Appendix J*

### *Faculty Checklist for Qualifying Exams*

- The committee Chair will contact the Second Reader *no later* than the Tuesday before a student's scheduled Oral Exam to determine Pass/No Pass, and will convey this information to Cindy.
- 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.*
- Turn in *score sheets* to Cindy no later than the Thursday before a student's scheduled orals (Betty needs them in order to notify students that evening via email).
- Scheduled oral exam begins on time.
- Honor code signed at the start of the oral exam.
- Oral exam is taped.
- At the end of oral exam (if a student passes), student receives *all* papers, tapes, and is offered the tape of the oral exam.
- Score sheet for the oral exam, honor code, and final Qualifying Exam pass form is turned in to Cindy immediately after exam (Chair will be responsible for this).
- Chair will make a copy of the Oral Exam score sheet and the final Qualifying Exam pass form for the student at the end of the Oral Exam.

## SOME SUGGESTED REFERENCES

### •*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* (4<sup>th</sup> ed.). Belmont, CA: Brooks/Cole.

### •*Social Construction/Narrative Therapy*

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