



MEDAILLE

COLLEGE

**CLINICAL COMPETENCE EXAMINATION
GUIDELINES**

2023-2024

Clinical Competence Examination

Students in the PsyD Program typically take the Clinical Competence Examination (CCE) during the summer semester of their third year of coursework. The examination is designed to assess multiple aspects of clinical competence on the basis of a specific case the student has treated and terminated with, or a case in treatment at the time of the CCE. It is the student's responsibility to identify a case from her or his practicum training for the CCE. Specific areas to be assessed include the student's:

- Knowledge base of a nomothetic nature, which includes:
 - knowledge and understanding of two theories of personality, psychopathology, and psychotherapy (any such theory includes a body of organized concepts, explanatory propositions, methods of clinical assessment, and techniques and procedures for intervention);
 - knowledge and understanding of the empirical evidence base pertaining to the specific psychological disorder(s) treated, methods of assessment used, specific interventions employed, and theoretical concepts and propositions used in understanding and treating the case
 - knowledge and understanding of the ethical principles and codes of conduct that guide the practice and science of psychology;
- Clinical reasoning, reflected, for example, in the capacity to draw accurate inferences from clinical data; to make accurate and effective clinical judgments and decisions; the ability to monitor and assess client progress and to institute adjustments in treatment (e.g., in the case formulation; in interventions) as warranted
- Technical clinical skills in (a) implementing and interpreting findings from specific methods of assessment, (b) diagnosis, (c) developing a theoretically-informed case formulation and treatment plan, (d) implementing specific clinical techniques, and (e) being attuned to the psychotherapeutic process
- Relationship skills, reflected, for example, in the ability to develop, maintain, and strengthen the therapeutic alliance, to address and repair ruptures in the alliance as needed, and to be responsive to the idiographic particularities of the client over the course of treatment
- Research/Integration of Science and Practice, reflected in explicitly incorporating relevant evidence and findings from empirical (quantitative and qualitative) research into (a) selection and interpretation of assessment tools, (b) understanding and conceptualization of the psychological disorder(s) being treated, (c) psychotherapeutic treatment work with the case at hand (e.g., relationship processes, consideration of specific client factors, clinical

interventions), and (d) evaluation of client progress

- Ethics: As warranted by unfolding assessment and treatment work, explicitly identifying and addressing any emerging issues in the case in relation to which the APA *Ethical Principles of Psychologists and Code of Conduct* (2017) pertain (see <http://www.apa.org/ethics/code/ethics-code-2017.pdf>)
- Diversity, reflected in identifying, taking into account, and addressing any diversity related issues pertaining to the assessment, conceptualization, and treatment of the case; diversity categories encompass “race, ethnicity, language, sexual orientation, gender, age, disability, class status, education religious/spiritual orientation, and other cultural dimensions” (APA Guidelines on Multicultural Education and Training, 2002; see <http://www.apa.org/pi/oema/resources/policy/multicultural-guideline.pdf>)
- Formal communication skills of both a written and oral nature

The CCE encompasses a written case presentation, analysis of a recorded psychotherapy session, and an oral examination. This process is designed to assure that students have achieved in aforementioned areas the level of knowledge, skills, and abilities expected of a student ready to begin internship. As such, successfully passing the CCE is a formal component of establishing internship eligibility. In the event of failing the CCE, the examination may be retaken one additional time. A second failure results in automatic dismissal from the PsyD program.

Eligibility

Students are eligible to sit for the CCE if they are in good academic standing in the PsyD Program. Good academic standing is indicated by a GPA of 3.0 (on a scale of 4.0), not being on probation, and successful completion of the following requirements:

- PSY 743 Proseminar and Practicum III
- PSY 744 Proseminar and Practicum IV
- PSY 768 Research Methods
- PSY 769 Statistics
- PSY 780 Group Therapy
- PSY 782 Family Therapy
- PSY 794 Clinical Psychopharmacology
- Two Electives

Procedure

A checklist of procedures for the student is presented immediately below, followed by a more detailed explanation of specific elements and components of the CCE process.

Procedure Checklist for Students

1. _____ Review CCE Guidelines

2. _____ Obtain from, complete, and, no later than May 12, 2023, submit to CCE Coordinator the CCE Request Form (see Appendix A) in order to take the exam during the summer semester following the third year
3. _____ Prepare written case material (2 copies)
4. _____ Obtain from practicum site supervisor signed verification (see Appendix B) that the case to be presented was/is being treated under her or his clinical supervision
5. _____ Obtain from client and practicum site formal written consent to record and use for educational purposes a sample psychotherapy session
6. _____ Select and record sample psychotherapy session
7. _____ Prepare written analysis of recorded psychotherapy session
8. _____ Distribute to CCE Committee members and to the Administrative Assistant of the Department of Counseling and Clinical Psychology copies of the written and recorded materials on June 1, 2023.

A. CCE Request Form

The CCE Request Form is a formal document by which the student requests authorization to take the CCE and on which she or he indicates her or his overall GPA in the PsyD Program, the grade obtained in each of the required courses noted above, and client demographics, treatment setting, and treatment modality for the case to be presented. This Form is completed and signed by the student and submitted to the CCE Coordinator. The latter reviews the Form, and provided all conditions have been met satisfactorily, she or he signs off on the Form, thereby providing formal authorization for the student to take the CCE.

B. Composition of the Examination Committee

Once a student has submitted the CCE Request Form and the CCE Coordinator has provided authorization to go forward with the exam, the latter assigns a CCE Committee to assess the student's written material, to review the session recording, and to conduct the oral exam. The Review Committee consists of two core faculty members. A student's site supervisor is excluded from serving on her or his CCE Committee. Members of the latter serve ONLY as examiners, NOT as advisors in preparation of the materials. The student should not consult with committee members about the content or structure of the examination, other than with regard to the format and timing of the oral examination. In the event that a student who previously failed the CCE is retaking the exam, the CCE Committee will consist of three members; no member of a previous committee may serve on the new committee. Committee assignments will be made with consideration to workload and expertise with the type of clinical case.

C. Committee Selection and Exam Scheduling

1. Each student planning to take the CCE must submit a CCE Request Form containing the information described above. If this is a second CCE for the student, the names of the previous committee members should be included with the request.
2. The CCE Coordinator assigns a CCE Committee and schedules a date, location, and time for the oral examination meeting. The student is informed of the assignment and oral-examination meeting information.
3. Students submit a copy of the written materials (a hard copy and an electronic copy) and recording to each member of the CCE Committee on June 1, 2023. It is the responsibility of the student to ensure that the site supervisor's verification of serving as the case supervisor and that the client and site consent forms for recording are on file in the client's chart at the practicum site. No client name should be on any written material submitted by the student.
4. The Committee Chair will make arrangements for audio recording of the CCE oral examination. Deliberation by the CCE Committee following the oral examination and subsequent feedback to the student shall not be included on the recording. Examination recordings become the property of Medaille College and will be collected by the CCE Coordinator following the exam.
5. The student presents her or his case material orally during the examination. Under the Committee Chair's direction, the Committee conducts an examination regarding the case and relevant issues. At the close of the examination, the candidate is dismissed while the Committee deliberates and evaluates the written case material, the session recording previously supplied by the student, and the oral case materials.

D. Duties of CCE Committee Members

It is the responsibility of the Committee members to study the student's written and recorded materials prior to the oral examination date. The Committee will query the student in a manner relevant to the case (including questions regarding an alternative theoretical approach), evaluate and discuss the student's written and oral presentation, render an independent Pass-With-Distinction, Pass, Defer-Rewrite, or Fail decision, and provide further recommendations as warranted (e.g. in the event of a Defer-Rewrite decision, specifying components of the written material that require rewriting; in the event of a Fail decision, recommendations regarding remediation). Immediately after the examination, the CCE Committee Chair completes the Clinical Competence Examination (CCE) Summary Sheet (See Appendix C), which indicates the Committee's decision, and informs the student and the CCE Coordinator of the Committee's decision. The CCE Committee Chair will collect the examination recording at the end of the meeting and, within seven days after completion of the examination, she or he will provide this recording as well as the CCE Summary Sheet to the CCE Coordinator. The student will also receive a copy of the CCE Summary Sheet. In addition, each member should return

all written and recorded case materials to the student. In the case of a split decision, the CCE Coordinator will, within 10 working days of the examination, submit a copy of all materials and the exam recording to a third, independent evaluator; the latter, pursuant to reviewing all such materials, will render a CCE-outcome decision, complete her or his copy of the CCE Summary Sheet, and submit this to the CCE Coordinator.

E. Role of the Practicum Site Case Supervisor

The practicum site case supervisor may provide consultation and supervision with regard to any aspect of management of the case selected by the student for the CCE. However, the student holds sole responsibility for organizing, conceptualizing, and communicating the case materials. There should be no input from supervisors or other faculty into the preparation of the written examination documents. The case presented for the CCE may not have been used as one of the required written case formulations in Proseminar and Practicum III and IV. The student's site supervisor may not serve as a member of the student's CCE, nor may she or he attend or participate in the oral examination.

Case Presentation Content Guidelines

A. General Content Description and Case Selection

The student should select a case for presentation that permits an adequate sampling of his/her knowledge and skill in the treatment modality (e.g., individual psychotherapy, family therapy) and theoretical approach used. The student must have served as the sole or primary service provider. The case should demonstrate adequate pre-treatment evaluation, assessment, diagnosis, case conceptualization, treatment planning, intervention, and termination management. Students are not limited in their choice of client characteristics or clinical problems, type of treatment modality, or treatment setting. However, the client should have been seen for a minimum of four sessions in order to ensure an adequate opportunity to demonstrate knowledge and skills in areas delineated on page 2. Termination sessions are generally not appropriate. The principal guideline for choosing a case should be that it fits within the framework of applied clinical psychology. For example, the student may choose a case that involves, but is not limited to, long-term or short-term individual psychotherapy, drug/alcohol treatment, family therapy, rehabilitative psychology, forensic psychology, play therapy, or behavioral medicine.

B. Specific Content of the Presentation

The following categories should be addressed in structuring both the written and oral portions of the case presentation. The CCE Committee will use these categories in evaluating the student's performance. Adaptations of the content within categories may be made depending on the particulars of the case. The written case presentation should be 20 double-spaced pages in length; this page limit does not include the written analysis of the recorded session (described below).

1. Pre-treatment Evaluation, Assessment, and Diagnosis: The case should demonstrate the student's competence in pre-intervention assessment (whether the assessment involved clinical interviewing during the initial evaluation session(s), formal testing, collateral interviews, behavioral assessment, and/or analysis of previous assessments or other material gathered by previous practitioners) and diagnosis. Appropriate documentation of the evaluation should be presented. The student should also be prepared to support, and critically discuss, decisions made regarding the assessment procedure(s) used and her or his initial diagnosis/diagnoses. The written report for this category includes the following sections:

- Demographics
- Presenting Problem and its History
- Family History (including any diversity issues and trauma)
- Social History (including any diversity issues and trauma)
- Medical History
- Substance Use History
- Findings from Formal and Informal Assessment Data
- Mental Status
- DSM 5 Diagnosis/Diagnoses (including rationale where differential diagnoses were considered, rule out(s), and deferred diagnoses)

2. Case Conceptualization and Treatment Plan: The student should present the conceptual formulation that guided her/him in the treatment of the case. The treatment plan, including goals and appropriate intervention strategies, should be described fully. The student should be able to justify the treatment plan based on the conceptualization of the case and pertinent literature from the theoretical and empirical knowledge base regarding the nature of the disorder and its efficacious treatment. The written report for this category includes the following sections:

- Description of the theoretical model(s) underlying the case conceptualization
- Case conceptualization organized within the theoretical framework guiding treatment (e.g., hypotheses about the predisposing factors and etiological causes, precipitants, and psychological, behavioral, and interpersonal factors/processes maintaining and perpetuating the client's problems, as well as how these problems relate to one another; indication of client's strengths)
- Treatment plan derived from the case conceptualization (e.g., delineation of

specific problems to be treated, goal for each problem, specific interventions to be used for achieving each goal, citation of research that informed the student's decisions about interventions selected, and how client progress relative to each goal was assessed)

3. Course of Therapy: The course of therapy is a detailed synopsis of treatment of the case from initial intervention through termination. The written report for this category includes the following sections:

- A description of how treatment unfolded with regard to each of the problems targeted, included specification of interventions used in treating each problem, the nature of client progress in each problem area, and how progress in each such problem area was assessed (if progress was not assessed in a formal manner, how the student would go about doing that)
- A description of the nature of the therapeutic relationship over the course of treatment
- Issues that arose during the course of treatment (e.g., rupture in the therapeutic alliance; other complicating factors) and how these were addressed
- Revisions in the case formulation necessitated by the nature of client progress and/or by other developments in the case
- Interventions not specified in the initial treatment plan but necessitated by treatment developments and the impact of these additional interventions on client progress
- If treatment has been terminated, a description of factors involved in the decision to terminate, including but not limited to specific outcome data, and a description of the process of termination, including any issues that may have arisen during this process
- If treatment is ongoing at the time of the CCE, delineation of specific criteria and other considerations that will inform termination-related judgments and decisions

4. Legal and Ethical Issues: The student should describe any ethical and/or legal issues she or he deems to be relevant to the case, as well as how each issue was resolved and the rationale underlying each such resolution

5. Diversity Issues: The student should describe and discuss the impact of any diversity issues relevant to the assessment, conceptualization, and treatment of the case, including client-therapist relationship processes, and indicate how any such issues were taken into account. Diversity categories encompass "race, ethnicity, language, sexual orientation,

gender, age, disability, class status, education, religious/spiritual orientation, and other cultural dimensions” (APA Guidelines on Multicultural Education and Training, 2002)

6. Critique: The student should critically reflect on her or his work with the case, presented in written appraisal of both strengths and weaknesses that one perceives in any aspect of how she or he worked with the client; contexts of strengths or weaknesses might entail, for example, methods of assessment and progress monitoring, case conceptualization, the initial treatment plan, managing the therapeutic relationship, interventions used and/or the quality of their implementation, handling of termination, the effectiveness of treatment, and/or and how outcomes were evaluated. It is not necessary that every facet of the case be perfect or near-perfect; however, in any given area(s) in which the student perceives a problem or weakness in her or his work with the case, she or he should be prepared to discuss, during the oral examination, the reasons for difficulties, how she or he might correct these in the future, and so forth.

C. Analysis of Recorded Session

The recorded psychotherapy session distributed to CCE Committee members should be accompanied by a written document that indicates the total number of sessions held with the client and the session number of this specific recording. In addition, the student should concisely specify the following elements of the session recorded:

1. The principal content themes of the session [e.g., the clinical problem(s) worked on in the session; treatment-related issues discussed (e.g., resistance; the client-therapist relationship; etc.)]
- 2.) Specific clinical interventions implemented and the goals of treatment to which they are tied
- 3.) Additional therapeutic processes used in an effort to facilitate forward movement within the session (e.g., empathic statements, clarification, support, feedback, summary statements, bringing to bear one or more client strengths, etc.)
- 4.) With regard to both the content and the process of the session, the student’s appraisal of (a) positive features of how she or he worked with the client, (b) specific aspects of her or his work within the session that could be improved upon, and (c) in the case of the latter, specific improvements the student would make or what she or he would do differently if one could do these particular aspects of the session over again

During the oral examination, the student should be prepared to discuss these and other aspects of the recorded session (e.g., the use of open- and closed-ended questions during clinical inquiry, fidelity of interventions relative to both the theoretical model guiding the case and descriptions in the literature of the concrete operations comprising these interventions)

D. Oral Examination

1. Oral Case Presentation: The first portion of the oral examination will entail the student presenting her or his case to the CCE Committee. Since the committee members will have read the written material and observed the sample session before the examination, the oral presentation of the case should highlight and build upon the basic information conveyed in writing. The presentation should emphasize the following aspects:

- a. Basic statement of client demographics, description of presenting problem(s) and its/their history, and any other elements of client's history especially pertinent to understanding the client and the problem(s) with which she or he has presented
- b. Theoretical Model: The specific theoretical model guiding assessment, conceptualization, and treatment of the case should be briefly described, with particular emphasis placed on the model's concepts, propositions, and strategies of treatment especially pertinent to the case at hand
- c. Case Conceptualization and Treatment Plan: The student should explain her or his case conceptualization, and on the basis of the latter, (a) indicate the specific problems identified as foci of treatment, (b) define the change goal(s) for each problem to be focused on, and (c) specify the interventions to be used to foster each of these changes, along with citing (to the extent discussed in the literature) support for the interventions selected. The student should also be prepared to present a case conceptualization and treatment plan based on an alternative theoretical model, that is, one that differs from the model actually used to guide conceptualization and treatment of the case.
- d. Interventions: Central to the presentation, the student should discuss the therapeutic intervention(s) used in treating each of the problems and the treatment outcome(s) for each problem treated, including how each of these outcomes was assessed; if collected, quantitative data used to assess client change (e.g., change in test scores over the course of treatment) should be presented here. Changes, if any, over the course of treatment in conceptualization of the case and/or intervention method(s) employed should be discussed as well, along with explaining their rationale (e.g., complicating factors that necessitated changes in intervention) and the effect(s) of these additional procedures on client progress and treatment outcome(s).
- e. Termination: The student should explain the criteria and other considerations that informed judgments and decisions about termination, describe central content areas addressed during termination, and discuss any issues that arose during the termination process and how these were addressed

2. Oral Defense: The majority of the time is allotted to the critical evaluation of the student's ability to effectively respond to the Committee's in-depth exploration of her or

his knowledge, clinical reasoning, and clinical skills. The Committee also evaluates the professional manner in which the student conducts himself or herself during the oral portion of the CCE. The student is required to “think on her or his feet,” to consider and evaluate other possible interventions consistent with her or his case conceptualization, to support or reformulate the approach taken, and to demonstrate knowledge of related psychological issues. A key component of the examination is assessing the student’s ability to flexibly apply her or his clinical knowledge to meet the needs of the case at hand. Areas focused on during the oral defense may include, but not be limited to:

- Assessment, diagnosis, and monitoring of progress
- Case conceptualization
- Knowledge of theoretical and empirical literature relevant to the case [e.g., re: client’s disorder(s), client factors (e.g., personality variables) that bear on the disorder and/or its treatment, interventions and techniques utilized]
- The therapeutic alliance
- Interventions and techniques used in treatment and tailoring these to the client
- The psychotherapy process
- The role of theory in student’s clinical judgments and decisions
- Termination criteria, content, and process
- Ethical implications or dilemmas (actual and/or hypothetical)
- Issues of diversity
- Student’s self-critique (i.e., self-perceived strengths and weaknesses) of her or his work with the client, (e.g., in assessment, conceptualizing the case, delivery of interventions, etc.) and in the case of weaknesses, how one would correct these in the future
- Specific behaviors contained in the recorded session (e.g., listening skills, empathy, implementation of interventions, client responses, therapist-client interactional processes, etc.)

In all cases, the CCE Committee is free to explore and test the student until the Committee is satisfied it can render an accurate outcome decision. Students may bring prepared materials for the oral presentation. However, it is at the discretion of the Committee to determine how the oral defense is structured. Both the oral case presentation and defense will be audiotaped.

E. Outcome of CCE

Prior to the oral examination, the CCE Committee members will independently evaluate the written materials and the session recording and will discuss their evaluations of these materials. On the basis of these evaluations and their discussion, the Committee members will decide on specific areas to be explored during the oral defense, although it is anticipated that additional questions will be posed during the defense based on the student's responses and case-related discussion as the meeting unfolds. The student's performance on the oral exam may compensate for some difficulties in the written and/or recorded-session components of the exam. At the conclusion of the oral defense, the student will be dismissed and, based on the student's performance across the written case presentation, the recorded session and written analysis of the latter, and the oral examination, each Committee member will independently complete the CCE Committee Worksheet, rating the student on items associated with each of the nine domains of competence. After completion of the Worksheet, the Committee members will discuss their ratings in each of these nine domains and reach a consensus rating as to the student's overall level of performance in each domain; these deliberations will not be audiotaped. The combination of ratings across these nine areas will be used to reach a decision about the overall outcome of the CCE. After this decision is reached, the Committee Chair will complete the CCE Summary Sheet containing the Committee's ratings on each of the nine domains of competence, the decision about the overall outcome, and written comments. This Summary Sheet will be given to the CCE Coordinator and to the Administrative Assistant for the Department of Counseling and Clinical Psychology (for official filing) following the oral examination. If a consensus as to the overall outcome cannot be achieved, the CCE Coordinator will submit a copy of all written materials, the session recording, and the examination audiotape to a third reviewer to resolve the discrepancy. Four overall outcomes of the CCE are possible:

1. **Pass With Distinction:** This outcome reflects the Committee's appraisal that collectively the level of the student's competence across the nine domains—knowledge base, clinical reasoning, technical clinical skills, relationship skills, research/integration of science and practice, ethics, diversity, and written and oral presentation skills—is of exceptional quality.
2. **Pass:** This outcome reflects the appraisal that collectively the quality level of the student's competence across the nine domains is fundamentally sound and acceptable as presented.
3. **Defer-Rewrite:** This outcome reflects the appraisal that collectively the student's competency level in areas pertaining to knowledge base, clinical reasoning, technical clinical skills, relationship skills, research/integration of science and practice, ethics, and diversity is fundamentally sound, but that significant problems are evident in the quality of writing in the written case-presentation report and/or recorded-session analysis. In the event of this outcome, the student will be required to rewrite the relevant document(s) and submit the revision to her or his CCE Committee within one month of the CCE. If both members of the student's CCE Committee concur that the rewritten document(s)

demonstrate a sufficient level of improvement, the CCE overall outcome will be changed from “Defer-Rewrite” to “Pass.” In the event that there is a split decision, both the initial and revised written document(s) will be submitted to a third reviewer to resolve the discrepancy. If both Committee members assess the revised document(s) as not sufficiently improved relative to the initial case-presentation report and/or session analysis, the student will be given a Fail.

4. Fail: This outcome reflects the Committee’s appraisal that collectively the student’s competence across the nine domains is fundamentally unsound and that remediation is required before the student may retake the CCE.

Following completion of the Summary Sheet, the student will return to the room and be informed of the overall outcome of the CCE examination. She or he will also be provided with specific feedback from each member of the Committee. This final portion of the oral examination will not be audiotaped.

F. Remediation

In the event that a student fails the CCE examination and wishes to retake it, she or he is required to first engage in a remediation process. The latter will begin with the CCE Committee Chair, student, and her or his advisor meeting together to discuss and crystallize the areas of knowledge, clinical reasoning, technical clinical skills, relationship skills, research/integration of science and practice, ethics, and/or diversity that the student needs to further develop, and on the basis of this assessment they will develop a written remediation plan and a time frame for its completion. This plan will be individualized to address the student’s additional training needs and as such may encompass different components; all available resources will be considered in developing this remediation plan. It may include, for example, completing additional practicum training, further coursework and/or seminars, retaking one or more courses, and/or additional methods of knowledge and/or skill acquisition. During implementation of the remediation plan, the student will meet on a periodic basis with her or his advisor to discuss progress being made. At the completion of the remediation period, the student and her or his advisor will discuss the student’s readiness to retake the CCE. If there is a joint consensus that the student is sufficiently prepared, the student may apply to sit again for the exam; however, if it is determined that there is a need for further remediation, the student and advisor will collaboratively develop this additional plan. For the second CCE, the student will need to present a different case than that presented in the first examination, and she or he can retake the second CCE no sooner than one semester following the first examination. No student may apply for internship until successfully completing the CCE. Failing the second CCE will result in automatic dismissal from the Program.

G. Appealing CCE Outcome

A student who wishes to dispute her or his CCE Committee's decision has three levels of written appeal available:

1. Director of the PsyD Program in Clinical Psychology (if the PsyD Program Director is on the student's CCE Committee, the appeal process would begin at the second level)
2. Chair of the Department of Counseling and Clinical Psychology
3. Academic Affairs Office (see Medaille catalogue at <http://www.medaille.edu/academics/academic-course-catalogs/academic-standards-graduate>).

Appendix A: CLINICAL COMPETENCE EXAMINATION REQUEST FORM

CLINICAL COMPETENCE EXAMINATION REQUEST FORM
PsyD Program in Clinical Psychology
Medaille College

I, _____, am submitting this form to formally request authorization from the Clinical Competence Examination (CCE) Coordinator to take the CCE during the Summer, 20____.

REQUIRED INFORMATION

1.) Overall GPA in the PsyD Program as of May 12, 20____ _____

2.) In Good Academic Standing (GPA of 3.0 on a scale of 4.0 and not on probation) _____ (indicate Yes or No)

3.) Final Grade Obtained in the Following Required Courses (to be eligible to take exam, grade must be S in PSY 743 & PSY 744 and B- or better in other courses listed; if grade is not yet available, indicate "in progress")

PSY 743 Proseminar and Practicum III _____

PSY 744 Proseminar and Practicum IV _____

PSY 768 Research Methods _____

PSY 769 Statistics _____

PSY 780 Group Therapy _____

PSY 782 Family Therapy _____

PSY 794 Clinical Psychopharmacology _____

Two Electives: PSY _____

PSY _____

4.) Case Description

Demographic Information -

Treatment Setting _____

Treatment Modality _____

 Signature of Student

 Date

Authorized _____

Denied _____ Reason(s) _____

 _____ [Contact advisor to address reason(s)]

 Signature of CCE Coordinator

 Date

Appendix B: MEMORANDUM OF VERIFICATION



PsyD Program in Clinical Psychology
MEMORANDUM OF VERIFICATION

TO: Coordinator of Clinical Competence Examination (CCE) for:

(Student's Name)

FROM: _____

(Clinical Supervisor of Case to be Presented)

DATE: _____

SUBJECT: Verification of Clinical Supervision and Consent to Record

I am submitting this memorandum to verify:

1.) that the student indicated above informed me of the case s/he plans to present for her/his CCE during the Summer, 20____, and that I provided the student with clinical supervision on the selected case from _____ to _____; and

2.) that the student received signed consent from his/her client [or, if the client is a minor (under 18 years of age) from his/her parent or legal guardian] to record their (or, if a minor, their child's) psychotherapy session(s) and that this signed consent form is contained within the client's chart.

(Signature of Clinical Supervisor)

(Date)

Appendix C: CLINICAL COMPETENCE EXAMINATION (CCE) SUMMARY SHEET

Medaille College PsyD Program in Clinical Psychology

CLINICAL COMPETENCE EXAMINATION (CCE) SUMMARY SHEET

Student Name _____ Date _____

COMMITTEE MEMBERSHIP

Chair: _____
(Signature)

Member: _____
(Signature)

The rating scale is as follows. Do not circle the first set of numbers. They are just definitions.

NOT PASSED	<-----	PASSED ----->	----->
1 Less Than Acceptable Level of Competence	2 Expected Level of Competence	3 Very Good Level of Competence	4 Exceptional Level of Competence

OVERALL LEVEL OF PERFORMANCE

- KNOWLEDGE BASE** _____
- CLINICAL REASONING** _____
- TECHNICAL CLINICAL SKILLS** _____
- RELATIONSHIP SKILLS** _____
- RESEARCH/INTEGRATION OF SCIENCE AND PRACTICE** _____
- ETHICS** _____
- DIVERSITY** _____
- WRITTEN COMMUNICATION SKILLS** _____
- ORAL COMMUNICATION SKILLS** _____

Would you accept this student as prepared to enter a general, pre-doctoral internship program? Yes__ No__

OVERALL EVALUATION: Pass With Distinction _____ Pass _____
Defer-Rewrite _____ Fail _____

COMMENTS: _____

Committee Chair Signature: _____ Date: _____