

**CLINICAL QUALIFYING EXAMINATION (CQE)**  
**GUIDELINES**  
**2008-2009**

**Georgia Southern University**  
Psychology Department  
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## Clinical Qualifying Examination (CQE)

All doctoral candidates are required to sit for and pass a clinical qualifying examination (CQE). The examination evaluates the student's clinical knowledge and skills. Completing the CQE satisfactorily is a requirement to apply for internship. In the event of failure, the examination may be retaken *one* additional time; however, not passing the CQE on the initial attempt *will* delay the student's application for internship and *will* delay the student's progress in the program. A second failure results in automatic dismissal from the doctoral program.

### General Description

The Clinical Qualifying Examination (CQE) is designed to assure that students have achieved the level of clinical knowledge, clinical skills, and ethical knowledge expected of a student ready to begin internship. The CQE requires the student to prepare a written and an oral case presentation through which he/she demonstrates satisfactory skills in assessing a case, developing an appropriate conceptualization, formulating an appropriate treatment plan, conducting pertinent interventions, and evaluating the progress and outcome of the intervention(s) chosen.

All students in the Doctor of Psychology program are required to demonstrate mastery of specified clinical skills, identified above, through the CQE as a component of establishing internship eligibility. It is the student's responsibility to identify a case for the CQE.

### Eligibility

The CQE evaluation criteria are designed to assess clinical competence at a level appropriate to students who have completed required course work and practica, and are presenting as ready for internship. To be eligible to sit for the CQE, students must have successfully completed the following courses:

#### **Psy.D. Students (required courses to sit for CQE):**

PSYC 7232 Foundations of Psychotherapy I	PSYC 7237 Psychotherapy Skills I
PSYC 7237 Foundations of Psychotherapy II	PSYC 7333 Psychotherapy Skills II
PSYC 7235 Group Psychotherapy	PSYC 7633 Psychotherapy Skills III
PSYC 7233 Ethics & Professional Issues	PSYC 7239 Psychopathology
PSYC 7331 Advanced Developmental Psychology	PSYC 7133 Advanced Cognitive Psychology
PSYC 7236 Physiological & Neuropsychology	PSYC 7531 Advanced Personality Psychology
PSYC 7231 Assessment I	PSYC 7234 Assessment II
PSYC 7335 Assessment III	PSYC 7132 Advanced Learning

SOCI 7435 The Rural South	PSYC 7238 Child & Family Psychotherapy
PSYC 7730 Practicum I	PSYC 7731 Practicum II
PSYC 7732 Practicum III	PSYC 9731 Rural Practicum (at least 2 semesters)
PSYC 7130 Statistics for Psychology	PSYC 7131 Research Design
PSYC 7332 Advanced Social Psychology	COUN 7337 Cross Cultural Counseling

In addition, the student must be in good standing (i.e., not on academic or other probation, leave of absence). In exceptional circumstances, however, students who have completed all course requirements excluding Dissertation may request permission to sit for the CQE while on a leave of absence. It should be noted that a “B” or better is *required* in all courses prior to sitting for the CQE.

When preparing for the CQE, students may find it helpful to prepare themselves further by attending the CQEs of classmates in order to familiarize themselves with the process. All CQE candidates are encouraged to take advantage of this opportunity.

### Timing

The **LAST DAY** to **SIT** for the CQE is **November 1** of the year the student plans to apply for internship (generally the 4<sup>th</sup> year in the program). The examination must be conducted while school is in session, not during intersessions or breaks. Examinations may be scheduled in the summer session if the committee members are available and agree to the arrangement. **It is each candidate’s responsibility to adhere to the deadlines noted herein.**

### Procedure

A checklist of procedures for the student and each committee member is presented. Accompanying this checklist is a detailed explanation of these procedures.

#### Procedure Checklist for Students

1. \_\_\_\_ Review CQE Guidelines.
2. \_\_\_\_ Obtain, complete, and submit CQE application form.
3. \_\_\_\_ Prepare written case material (4 copies – 1 copy for each committee member and 1 copy for the DCT).
4. \_\_\_\_ Select sample videotaped (preferred) or audiotaped full-length session to accompany written material (3 copies – 1 copy for each committee member).

5. \_\_\_\_ Arrange oral exam date with assigned Committee.
6. \_\_\_\_ **Arrange for room reservation space at least four (4) weeks in advance of the examination date.** At the same time, present the client's consent to tape form to the Director of Clinical Training.
7. \_\_\_\_ **Three (3) weeks before the CQE, provide the examination committee members with copies of the written and taped materials. Provide the Director of Clinical Training with a copy of the written materials only.**
8. \_\_\_\_ Arrange for audiotaping of the oral exam. Allow for up to 2 hours of tape space. (1½ to 2 hours is typical)

#### **Procedure Checklist for the Chairperson**

1. \_\_\_\_ Review written and taped materials before the exam.
2. \_\_\_\_ Conduct the oral examination and direct the evaluation of the candidate.
3. \_\_\_\_ Complete the CQE Rating Scale, and render an independent pass or remediate decision immediately after the examination.
4. \_\_\_\_ Inform the student immediately of Committee's decision (Pass or Remediate). **If the committee elects to remediate, the committee chairperson will refer the candidate to the Director of Clinical Training who will discuss the remediation process with the student. The committee members should submit the completed CQE Rating Scale to the Director of Clinical Training within 5 days of the examination date.**
5. \_\_\_\_ Return to the student his/her copy of the written presentation and the therapy tape. Ensure that audiotape(s) of the oral examination are submitted to the Director of Clinical Training on the day of the examination.

#### **Procedure Checklist for Committee Member(s)**

1. \_\_\_\_ Review written and taped material before exam.
2. \_\_\_\_ Complete the CQE Rating Scale, and render an independent pass or remediate decision immediately after the examination.
3. \_\_\_\_ Submit the completed CQE Rating Scale to the Director of Clinical Training within 5 days of the examination date.

#### **A. Composition of the Examination Committee**

The examination committee is comprised of three clinical faculty members from the Psychology Department who have been identified as eligible to serve by the Clinical Training Committee. **Possible CQE committees will be distributed to faculty before finalization in order that those with relationships too close or conflictual to render objective decisions may recuse themselves from membership.**

The Committee members serve ONLY as examiners, NOT as advisors to the project. The student should not consult with committee members about the content or structure of the examination other than about the format and timing of the oral examination.

## **B. Committee Selection and Exam Scheduling**

1. In the spring semester of their third year, all students who anticipate taking the CQE during the following academic year will complete a CQE request form which indicates the treatment modality of the case intended for presentation.
2. The Director of Clinical Training (or designee from the Clinical Training Committee) will select the student's Chair for the CQE, and will assign two additional committee members from the eligible clinical faculty to serve on the CQE committee. Both faculty and student will be informed of the assignment by the end of the spring semester.
3. The student confers with committee members to determine an oral examination date. Before agreeing to the date, the Director of Clinical Training (or designee from the Clinical Training Committee) checks the student's transcript to be certain that all prerequisites have been, or will be, successfully completed by the scheduled date.
4. Students intending to take the CQE in a given semester must schedule the exam a minimum of four (4) weeks in advance of the exam date. An examination room will be reserved at the time of this scheduling.
5. Four (4) copies of the written presentation are required: one for the Director of Clinical Training and one for each of the committee members. Students are responsible for submitting their CQE materials NO LATER than three (3) weeks before the oral examination date.
6. The student makes arrangements to audiotape the entire oral examination and is responsible for ensuring adequate listening quality of the tapes. Students should use new, high quality audiotapes and a recorder with an external microphone. Deliberation by the committee following the oral examination and subsequent feedback to the student shall not be recorded. These tapes become the property of the Georgia Southern University Psychology Department.
7. The student presents his/her case material orally during the examination. The presentation is open to all clinical faculty and registered Doctor of Psychology students who wish to attend. (Students who wish to attend another student's CQE need only be registered for classes during the regular academic year; they do not need to be registered for summer classes, even if the CQE is scheduled during the summer session.) Due to the confidential and clinical nature of the material, examinations are open **only** to clinical faculty and currently enrolled Doctor of Psychology students.
8. Under the Chair's direction, the Committee conducts an examination regarding the case and relevant issues. Comments or questions from the floor may be entertained at the Chair's discretion. At the close of the examination, the candidate and any observers are dismissed while the Committee deliberates and evaluates the written and oral case materials.

## **C. Duties of Committee Members**

To equitably distribute the workload, the number of examination committees on which faculty members serve will be limited. The limit will be adjusted each year according to the number of students requesting examinations and the number of eligible clinical faculty members available to serve.

It is the responsibility of the Committee members to study the student's written and taped materials prior to the examination date, to query the student in a manner relevant to the case, to evaluate the student's written and oral presentation using the standard evaluation form to render an independent pass or remediate decision, and to provide recommendations for remediation where warranted. Immediately after the examination, the Chair informs the student and the Director of Clinical Training of the student's pass or remediate decision status.

Within 5 working days of the examination date, the individual committee members are responsible for submitting in writing to the Director of Clinical Training his/her CQE Rating Scale. In addition, each member should return all taped and written materials to the student, unless other arrangements have been made with the student on an individual basis.

#### **D. Role of the Case Supervisor**

The case supervisor, or any other professional person included within the case's limits of confidentiality, may provide consultation and supervision with regard to any aspect of management of the case. However, the student holds sole responsibility for organizing, conceptualizing, and communicating the case presented. There should be no input from supervisors or others into the preparation of the written examination documents. The faculty supervisor who is directly supervising the case being used for the CQE may not serve as an examination committee member, nor may he/she attend or participate in the examination process. **Faculty members may advise students about the CQE cases, but must do so in a manner consistent with the principle that it is the students' work. Faculty members may discuss with the student the case he/she would like to present for the CQE, but may NOT read or comment directly on the document. Faculty may listen to and give feedback on the tape.**

#### **Case Presentation Content Guidelines**

##### **A. General Content Description and Case Selection**

The student should select a case for presentation that permits an adequate sampling of his/her knowledge and skill in the treatment modality used. The student must have served as the primary service provider.

The case should demonstrate adequate pre-treatment evaluation, conceptualization, treatment planning, intervention, progress assessment, termination management, and outcome assessment. Students are not limited in their choice of client characteristics or problems, type of treatment modality, treatment setting, or duration of treatment. Treatment duration, however, must be consistent with the empirically supported treatment literature. Any questions regarding the appropriateness of a particular case may be posed to any clinical faculty member.

##### **B. Specific Content of the Presentation**

The following categories should be addressed in structuring both the written and oral portions of the case presentation as well as in choosing an appropriate taped treatment session; the Committee will utilize these categories in evaluating the student's performance. Adaptations of the content within the categories may be made depending on the particulars of the case. A

written transcript of the therapy tape **IS** required unless the committee members agree that it will not be necessary.

1. **Pre-treatment Evaluation and Assessment**. The case should demonstrate the student's competence in pre-intervention assessment, whether the assessment involved an intake interview including a history, formal testing, collateral interviews, behavioral assessment, or analysis of material gathered by previous caseworkers. Appropriate documentation of the evaluation should be presented. In addition, the student should be prepared to support and discuss decisions made regarding the assessment procedure(s) used.

2. **Conceptualization and treatment formulation**. The student should not only describe the conceptual formulation that guided him/her in the initial treatment of the case, but should also explain how the assessment data were utilized as a whole in choosing such a formulation. The treatment plan, including goals and appropriate intervention strategies should be described fully. The student should be able to justify the treatment plan based on the conceptualization of the case, the theoretical modality selected, and any pertinent empirical data regarding treatment efficacy.

3. **Integration**. This section outlines the student's thinking in his/her handling of the case from the initial intervention(s) to termination. Specifically, emphasis should be placed on describing how assessment data were integrated with conceptual formulation(s) and supportive empirical findings to generate intervention strategies. Focus should also be placed on what progress indicators were obtained and how they were used to guide the course of therapy, as well as how any changes in case conceptualization led to changes in treatment.

4. **Termination**. A description of the reasoning and other factors involved in the decision to terminate, the issues relevant to this particular case, and the process of termination should be presented. Termination may be complete, in progress, planned, or premature.

5. **Outcome Evaluation/Critique**. In addition to a goal-oriented summary of the intervention outcome, the student should analyze the case from the standpoint of strengths and weaknesses of the intervention strategies (especially with regard to relevant empirical findings), quality of the therapeutic relationship, and effectiveness of treatment.

6. **Ethical and Legal Considerations**. The student should review any ethical and/or legal issues he/she deems to be relevant to the case. If no ethical or legal issues were raised, a statement to that effect will suffice.

7. **Diversity Issues**. The student should briefly review any diversity issues relevant to the assessment, conceptualization, and treatment of his/her case. Examples of individual differences and diversity issues include race, ethnicity, culture, sexual preference, age, gender, able-bodiedness, and religious preference.

### **C. Length of Written Presentation**

The written portion of the CQE may not exceed twenty-five (25) double-spaced typewritten pages (approximately 6250 words). The margins must correspond to those of the current APA editorial style.

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**In printing the document, no font smaller than Times New Roman 12pt can be used.**

\* The lengths of all documents **MUST** be approved by the Director of Clinical Training before distribution to committee members.

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The 25 page limit does **NOT** include title page, table of contents, lists of tables or figures, reference lists, transcript, or copies of progress notes, test protocols, copies of pertinent outcome studies, or other supporting documents. Such supporting documentation may not include extended reviews of literature or supplemental case analyses; pertinent literature review and case analysis, if presented, must be included within the 25 page limit. Students submitting CQE documents which exceed these page limits will not be permitted to conduct their examinations until their documents have been revised to conform to these guidelines. As a general rule, the written portion of the CQE should present in relatively concise form what the student intends to present in more extensive form in the oral presentation.

#### **D. Recorded Session**

An actual full-length therapy session shall be presented in one of the following formats, audiotape, videotape (preferred), digital or compact disk, DVD, to the Committee at the same time as the written material (at least three weeks prior to the oral examination). All members of the Committee should receive a copy of the therapy session in a format that they are able to listen to. A copy of the client's signed consent form is to be presented to the Director of Clinical Training, and not provided to the committee members. The consent must indicate that permission is given for the student to record sessions for educational and supervisory purposes.

The student is responsible for submitting a tape of adequate quality to enable the examiners to effectively hear the therapy session. A written transcript will not suffice as a substitute for a therapy tape of inadequate quality. Presentation of inaudible tapes may result in postponement of the CQE until such time as an adequate quality tape can be provided.

The manner in which the confidentiality of ALL materials used in the preparation and presentation of the Clinical Qualifying Examination must be in accord with the American Psychological Association's Ethical Principles of Psychologists. The student accepts full responsibility for ensuring such confidentiality. Specifically, he/she must safeguard the confidentiality of clients' identifying information, life circumstances, place and/or name of the treatment facility or agency, clinical problems, and ALL audiotaped or videotaped records of any interactions.

**Committee members will evaluate the intervention sample in terms of the students' listening skills, ability to communicate empathy, question, generally facilitate the clinical process, conduct the intervention(s) effectively, and adhere to the conceptual framework described in the document.**

## E. Oral Examination

1. **Oral presentation.** As the examiners will have read the written material and listened to the sample session before the examination, the oral presentation should build upon, but not repeat, the basic information conveyed in writing. The student should therefore be prepared to present and discuss an overview of his/her case. **This presentation should not exceed thirty (30) minutes in length**, and should emphasize the following aspects:

a. **Conceptual formulation and integration.** The student should be able to explain and support his/her conceptualization, and address how conclusions were drawn and what affect these had upon the management of the case. Changes in the conceptual and diagnostic formulation over time should be noted as well. **Students should be prepared to discuss in the oral examination one alternative, distinct theoretical approach or set of procedures that are relevant to their case. However, the committee will not necessarily examine the student on that model nor will the student be required to present this alternative model in his/her written document.**

b. **Therapeutic interventions.** A discussion of therapeutic interventions is central to the presentation. The student should demonstrate knowledge of the relevant literature(s), and should be able to discuss how assessment data, conceptual models, and empirical findings were integrated to formulate treatment plans. Specifically, the student should discuss treatment goals, choice of modality, specific intervention strategies employed, and the impacts of each.

c. **Critical evaluation of the case.** This portion of the oral examination should consist of an objective and thoughtful critique of the case. (For example, in retrospect, what "errors" were made? What other interventions might have proven more effective for the client?)

2. **Defense.** The majority of the time is allotted to the critical evaluation of the student's ability to handle the Committee's in-depth exploration and probing of his/her work. The student is required to "think on his/her feet," to consider and evaluate other possible interventions consistent with his/her conceptualization, to contrast modalities, and to support the approach taken. The Committee also evaluates the professional manner in which the student conducts himself or herself during the oral portion of the examination. In all cases, the Committee members are free to explore and test the student until they conclude they can render an accurate decision. **However, the student will not be examined or evaluated on any conceptual models or empirically validated procedures other than the two he/she has prepared in advance.**

### Examination outcome

A. The Committee is to evaluate both the written and oral presentations. After deliberation and discussion, each member of the Committee is to render an independent decision (pass or remediate). In addition, each Committee member is to rate the student's strengths and weaknesses in the specific categories of the CQE Rating Scale. (*See attached rating scale at end of Guidelines*)

B. How a “Pass” or “Remediate” decision is determined:

1. A student will pass the CQE if they receive at least 80 points (out of 100) on their overall score on the CQE Rating Scale, while also receiving at least 80% of the points possible for each of the following sub-categories – Assessment, Conceptualization, and Clinical Skills/Intervention.
2. If a student receives less than 80 points on their overall score on the CQE Rating Scale and/or they receive less than 80% of the points possible for each sub-category (Assessment, Conceptualization, and Clinical Skills/Intervention), the student will not pass the CQE, and they will be required to follow the remediation procedures.
3. If a student meets all criteria for passing the CQE except for receiving at least 80% on the “Quality of Written Document” sub-category, the student may have **ONE** opportunity to re-write the document. If the student does not receive an acceptable score (at least 80% of the possible points) during the second attempt, they will be required to follow the full remediation procedures.

C. The committee members' decisions will result in one of the following outcomes.

1. If at least 2 committee members render decisions of Pass, then the student has successfully completed the CQE requirement.
2. If 2 or more members render a decision of Remediate, the CQE is not passed, and internship eligibility is accordingly incomplete.

D. While the basis for each committee member's decision of Pass or Remediate depends on his/her judgment of the adequacy of the student's written and oral presentations as well as the sample taped session, the following guidelines are offered:

1. Pass indicates an appraisal that the student's overall clinical performance and presentation are fundamentally sound, and are acceptable as presented.
2. Remediate indicates an appraisal that the student's overall clinical performance is fundamentally unsound, that he or she requires additional training, and that he or she will need to be reexamined after a period of remediation, the components of which will be determined by the Clinical Training Committee.

E. The Chair will submit to the Director of Clinical Training the Committee's decision (pass or remediate) as well as ratings of the student's strengths and weaknesses in the specific categories under evaluation.

F. The Director of Clinical Training will place copies of the written summary of the student, as well as notification of his/her ultimate pass/remediate status in his/her academic and clinical training files.

G. No student will be eligible to accept an internship placement until successfully completing the CQE.

H. Not passing the CQE on the second attempt results in automatic dismissal from the program.

### **Remediation**

**Should the committee's decision be that the student remediate, the Clinical Training Committee will meet with the student, review the findings of the CQE committee, and develop a written plan of additional work that the student must complete in order to address weaknesses identified by the CQE committee. Remediation can include but is not limited to: taking additional practica and supervision, and then presenting a different case. Additionally, all candidates determined to be in need of remediation by their examining committees must sit for the oral examination again, the constitution of which may be different from or the same as the prior oral examination. The committees will be appointed by the Director of Clinical Training (or designee from the Clinical Training Committee).**

**If the CQE is not passed at the first sitting, the minimum remediation period before a second sitting is three (3) months. Not passing the CQE on the second sitting results in automatic dismissal from the program.**

### **Appeals of CQE Decisions**

Any student wishing to pursue an appeal of his/her Committee's decision should speak with the Director of Clinical Training.