

University *of* Hartford

DEPARTMENT OF PSYCHOLOGY

GRADUATE INSTITUTE OF PROFESSIONAL PSYCHOLOGY

DOCTORAL PROGRAM IN CLINICAL PSYCHOLOGY

Student Handbook

Part 3:

**Qualifying Examination
Policies & Procedures**

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OVERVIEW OF THE QUALIFYING EXAM

Philosophy

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

- **Clinical competence:** This area includes knowledge of clinical skills; a capacity for establishing an appropriate and empathic treatment relationship; and the ability to self-reflect and critique one's clinical performance.

- **Theoretical competence:** This area includes an understanding of the theoretical and empirical foundations of clinical practice, as well as its practical application. Included here are the ability to conceptualize, discuss diagnosis; understand client dynamics and/or behavior; understand psychopathology; and discuss treatment approaches as validated in the clinical outcome literature.

- **Contextual competence:** This area includes the ability to recognize the impact of site-related contextual factors, as well as 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. The GIPP *Qualifying Examination Policies and Procedures and Student Handbook: Program Overview* may be revised on different schedules. Should any discrepancy arise, information in the *Qualifying Examination Policies and Procedures* takes precedence.

Structure of the Qualifying Exam

The Qualifying Examination is comprised of three components:

Clinical Component, which includes:

- Clinical Paper - Write-up/conceptualization of work with a practicum client
- Recording of a face-to-face session
- Transcript of recorded session
- Descriptive memo of recorded session

Theoretical Component, comprised of the Theoretical Paper

Oral Examination Component, comprised of the Oral Examination

Each student will have a two-person committee for their exam, which will include a chairperson and a second reader. The Committees are randomly assigned from both core faculty and adjunct/affiliate faculty. Students may not have on their qualifying examination committee their Professional Practice Seminar leader, any clinical supervisor, or any faculty member for whom the student is or was a research/teaching assistant. Whenever possible, a student will not be assigned a committee member who is their academic advisor. In addition, at least one member of each committee will have experience relevant to the age group in which the student is working with. Both the chairperson and second reader are responsible for listening to the recording (unless restricted by the site), reading the transcript, and reading and scoring the Clinical Paper, Descriptive Memo, and Theoretical Paper. The chairperson and the second reader also constitute the student's committee for the Oral Exam.

If there is a scoring disagreement between the chairperson and the second reader, a third reader will be assigned by the Qualifying Exam Coordinator. The third reader then becomes a member of the committee and contributes to remediation, if remediation is needed, but does not attend an Oral Exam.

Telehealth. Providing therapy via telehealth or related modifications during the COVID-19 pandemic may impact recording procedures. Students have the option of recording a telehealth session, if permitted. With permission of the site supervisor and consent of the client, another option for the student would be to allow the exam committee chair to observe the telehealth session as it is taking place (following the procedures for a live observation).

General Procedures

Informational meetings. The Qualifying Exam Coordinator will facilitate three informational sessions for second year students in the fall semester. Two of the meetings focus on the guidelines for the Qualifying Exam. The last meeting is run by third year students and involves a discussion of the Qualifying Exam from the student perspective.

Faculty and supervisor information. The GIPP core faculty meets each fall semester to review Qualifying Exam procedures and review feedback from the previous year. Information on the Qualifying Exam, including the timeline, will be distributed via email to all practicum supervisors and Professional Practice Seminar leaders early in each fall semester.

Special circumstances. Students should consult with their Professional Practice Seminar leader and the Qualifying Exam Coordinator regarding difficulties that might arise in preparation and submission of the exam according to the established schedule. If a difficulty arises regarding limited availability of clients at their practicum site, the student may request an extension due to extenuating circumstances. The student must write a letter of explanation co-signed by their practicum supervisor for consideration by the Qualifying Exam Coordinator (see Appendix A for a sample letter). This letter must be submitted no later than December 1st. The Qualifying Exam Coordinator will determine a course of action, which may include an extension of the deadline to submit materials.

If a student begins their first practicum placement after October 1st or does not begin psychotherapy with any client until after October 1st, a special case extension of the Qualifying Exam may be granted by the Qualifying Exam Coordinator. It is the responsibility of the student to provide the necessary documentation from the practicum supervisor. If an extension is granted, the exam may be submitted at a later date determined by the coordinator but no later than March 1st. Any student who begins practicum or does not see clients for psychotherapy until after December 1st must take the exam with the following year's cohort.

Disability policy. Students with a documented physical, psychiatric, or learning disability have the program's support to obtain reasonable accommodations. When seeking accommodations, students must identify themselves as an individual with a disability to the University's Access-Ability Services office (<https://www.hartford.edu/academics/academic-support/accessibility-services/>) in a timely manner. The student should also consult with the Qualifying Examination Coordinator for specific accommodations.

Illness and other emergencies. The Qualifying Exam Coordinator is available for consultation regarding a documented illness or other personal/family emergencies that would necessitate an extension of the deadline for the submission of the exam or a rescheduling of the Oral Exam. The student must submit such a request in writing, explaining the nature of the emergency and the request for a change in the established schedule, and the appropriate documentation (e.g., note from a health care provider). In considering such a request, the Qualifying Exam Coordinator may consult with GIPP faculty to propose a course of action which may or may not include an adjustment to the established schedule.

Consent and assent forms. In requesting that work with a practicum client be utilized for the Qualifying Exam, the student must obtain permission from the practicum site and complete the Agency Consent Form (see Appendix B). Informed consent must then be obtained from the client and documented with the Client Consent Form in Appendix C.1 (in English) or C.2 (in Spanish). For a minor (8 through 17 years old) or an adult under guardianship, consent is obtained from a parent or legal guardian, and the client must indicate their willingness to participate via the Client Assent Form (see Appendix C.3). A witness signature to the forms in Appendix C may be obtained by any competent adult, age 18 or above. These forms must be completed prior to the recording or observation; if not, then the student will not be able to utilize the recording or observation for the Qualifying Examination.

Note. Students will need to have 2 copies of the fully signed Consent and (if applicable) Assent forms. The first copy of the consent and assent forms should be left intact (in case there is a question about consent) and *not* submitted with the exam. Instead, the intact copy should be placed in the participant's medical record, if this is acceptable with the agency/supervisor. For the second copy, **the student will white out all but the initials on the name and all but the very first initial of the signature.** This redacted copy is submitted with the Qualifying Exam materials.

Note. If the student is not allowed to record sessions at the practicum site, thus requiring a faculty member to observe, the box relevant to observations should be checked on the Consent and Assent Forms.

Recording restrictions. If a student is at a site that does not allow the recording to leave the site, the chairperson of the committee will go to the site to review the recording. The chairperson will score the recording, transcript, and descriptive memo for this session.

If the site does not allow recording at all, the chairperson of the committee will go to the site for a live observation of the student. The chairperson will score the live observation, detailed process notes (in lieu of a transcript), and the Descriptive Memo for this session. In either of these situations, the second reader will use as a basis for scoring this session *only* the transcript (or detailed process notes) and Descriptive Memo. The chairperson may subsequently use information from the recording or live session as a basis for questions during the Oral Exam.

Prior to the conclusion of the fall semester, the student and chairperson should schedule the date and time of the live observation, which is to be completed at least one week before exam materials are due for that student.

Security clearance. It is the responsibility of the student to inform the chairperson **by Oct. 20** of any security clearance that might be needed for an observation. It is the responsibility of the chairperson to submit any required paperwork for such a visit to occur **by Nov. 5**.

Submission of materials. Qualifying Exam materials are due **no later than 9:00 am** on February 1st. All materials for the Qualifying Exam must be submitted electronically via secure procedures to be outlined as the exam approaches.

Inclement weather. Should the campus be closed or the student or committee member unable to travel to campus due to winter weather for the Oral Exam, the student must confer with the chairperson of their committee and with the Qualifying Exam Coordinator to reschedule the Oral Exam.

Independent scoring. Readers (including third readers) will score components of the exam independently. They are not to consult with each other prior to or during scoring, but should instead direct any scoring questions to the Qualifying Exam Coordinator. In preparing questions for a student's oral exam, readers will have access to each other's score sheets prior to the oral exam, but *only after* the completed score sheets have been submitted to the GIPP Program Specialist by each reader. If a Non-Pass performance necessitates a Remediation Meeting (in lieu of the Oral Exam), readers may discuss specific concerns regarding the student's papers and/or recording prior to that meeting. In instances where a third reader is required (see below), all readers will have access to each other's score sheets in order to prepare for the Oral Exam or Remediation Meeting *after* the third reader's score sheets have been turned in to the Program Specialist.

Notification of results. Students will be informed as to whether they received as Pass or Non-Pass for the Clinical and Theoretical Components no later than 4:00 PM on the Thursday prior to their scheduled Oral Exam. Specifically, a letter from the Qualifying Exam Coordinator and a copy of their score sheets will be distributed to the student. Results of these components are *not* to be discussed with students prior to their official notification.

Students are informed about whether they passed the Oral Exam at the conclusion of the exam. The chairperson and second reader will complete and sign the Summary of Qualifying Exam Results (see Appendix D) at that time. The GIPP Director of Clinical Training will subsequently send a Letter of Completion of the Qualifying Examination (see Appendix E) to students who pass all components of the exam.

Return of Qualifying Examination materials. For students requiring remediation, materials to be revised are returned to them at the remediation meeting, and committee members are to retain a copy of the materials for their own records. All remaining materials are returned after passing their Oral Exam. At the successful conclusion of the Oral Exam, readers will return to the student all Qualifying Exam materials, the recording of the Oral Exam, and copies of the scoring sheets with comments regarding strengths, weaknesses, and suggested areas for improvement. For any student who does not pass the first administration of the Qualifying Exam, all materials will be returned to the student at the feedback meeting. The chairperson of the committee should return the Honor Code, Oral Exam score sheets, and Summary of Qualifying Exam Results to the GIPP Program Specialist for inclusion in the student’s exam file.

Student file. The file copy of all Qualifying Exam papers and recordings will be kept in the GIPP program files for 3 years and then destroyed. In the case of a recording that contains a client’s last name, the recording will be returned to the GIPP Program Specialist to be destroyed. A copy of all Qualifying Exam Evaluative Criteria score sheets, consent forms, Honor Code, Summary of Qualifying Exam Results, and Letter of Completion will be placed in the student’s file and remain there permanently.

Debriefing. The Qualifying Exam Coordinator will hold a debriefing meeting with students at the end of the spring semester to collect feedback regarding procedures and suggested improvements for the following year’s Qualifying Exam process. A summary of this feedback is presented to the Doctoral Training Committee to facilitate discussion of any revisions to the Qualifying Exam for the subsequent year.

Contact information. Please see below.

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Qualifying Exam Coordinator	John Mehm, PhD	5224	mehm
GIPP Director of Clinical Training	John Mehm, PhD	5224	mehm
Program Specialist	Bettina Viereck, M.F.A., Dipl. Psych., PhD	5323	viereck

Note. Area code and prefix for all phone numbers: (860) 768-xxxx. Server for all email addresses: hartford.edu.

The Honor Code

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

- (a) The case selected must be a therapy case. **The student can begin work with the client prior to three (3) months before the exam deadline. However, the recorded session must take place no earlier than three (3) months before the Qualifying Exam due date.**
- (b) No faculty member or student(s) will have reviewed **any written or recorded material prior to submission of the examination.** Faculty other than the student's committee may be solicited for references or suggestions **only**, but cannot be utilized as informal consultants on the clinical or theoretical papers.
- (c) Clinical material on treatment cases (including protocols, test results, and reports) can be reviewed and discussed by one primary, on-site supervisor as part of supervision, and the student is actually ethically bound to do so. However, there is to be no extensive consultation or focus on any component of the Qualifying Exam, or the recording that is submitted as part of the Qualifying Exam **until the Oral Exam has concluded.**
- (d) Students are not to formally present or discuss their treatment cases in any of their clinical seminars (e.g., PPS) or academic courses at the University of Hartford **as of exactly three (3) months prior to submitting the exam** (e.g., for an exam due February 1, three months prior would be November 1), and **until the Oral Exam has concluded.**
- (e) Students may informally discuss clients who may become the subject of their treatment case prior to that November date. However, they cannot do a formal case presentation and get extensive feedback on the case. If it is possible a client will be used for the Qualifying Exam, the student should try not to present them at all.
- (f) It should be understood that any written documentation submitted as a requirement of a particular course, at this University or another, cannot be submitted as a component of the Qualifying Exam. In addition, any part of the Qualifying Exam cannot be submitted in future courses to meet any formal documentation requirements for any courses taken at the University of Hartford (e.g., case presentation for a Child Psychotherapy course).
- (g) Students are asked to review and sign the Honor Code twice, once during a Qualifying Exam preparation meeting (see **Appendix F.1**), and once at the time of their Oral Exam (see **Appendix F.2**).
- (h) **The student is expected to sign the Final Honor Code (see Appendix F.2) on the day of the Oral Exam and email the copy to their committee.** At the start of the

Exam, students must give verbal affirmation to the committee that they signed and emailed the Honor Code statement. This serves as a written oath that the student has adhered to the points highlighted in the Honor Code section of the *Qualifying Examination Policies and Procedures*.

- (i) **Violation of any requirement of the Honor Code will result in a Non-Pass of the Qualifying Examination.** If a student has a question about how best to proceed in a particular clinical situation, their clinical seminar leader and Qualifying Exam Coordinator are available for consultation.

CLINICAL COMPONENT

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

Guidelines for Clinical Paper

The Clinical Paper should be a narrative essay of the treatment process and therapist/client interactions. The client selected for the clinical paper may be an individual, couple, family, or group. If it is one of the three latter choices, the student should provide some theoretical background (e.g., Yalom's group theory) as to how they are 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 paper should be written in APA Style according to the 7th edition of the *APA Publication Manual*. Please see Appendix L for the scoring criteria and Appendix M for a non-exhaustive list of APA Style issues.

The clinical paper should include:

- Title page, abstract of 150 words or less in length.
- Body of paper is **no less than 10** and **no longer than 15** double-spaced pages (not including title page, abstract, and references). A minimum of 5 journal articles or book chapters are to be used as references, and at least 50% of these references should represent literature published within the last 7 full calendar years. (The most recent edition of the *DSM* is considered a recent reference, regardless of year of publication.) Any electronic sources must be peer-reviewed or from a reputable site (e.g., NIMH, Centers for Disease Control, American Psychological Association).
- Background of the client, a solid case conceptualization, and a good clinical description of the process of therapy with this client. Information to be included:
 - 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 (e.g., Do you focus on the client's current interpersonal relationships?);
 - examples of your interventions (include reference to the recorded 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. the role of **context, diversity, and multicultural issues** in theory and intervention;
- g. your thoughts on future treatment directions, or **what you might do differently**.

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

Guidelines for Recording and Transcript

In addition to the clinical paper, the Clinical Component also includes:

- An audio or audiovisual recording **45-60** minutes in length; ideally this should illustrate a session which reflects the themes and issues included in the paper and should be **unedited**. See below if a recording of this length is not feasible.
- Transcript of a segment of the recorded material; the recorded 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 recording. Students should cue the recording to match the transcript.

Note. The security of recordings should be treated with utmost care, including their storage and transportation. The use of cell phones to record a session is **prohibited**, as is the use of any device to transmit the recording online (except for submitting your exam materials).

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

While it is preferred that the recording demonstrate the discussed clinical orientation, it is more important that the recording demonstrates solid relationship-building and basic intervention skills. As intake interviews do not typically demonstrate therapy skills, it is **highly recommended** that the recording be at least the third session with the client. If the type of therapy is not demonstrated during the recorded session, the student should use the descriptive memo as an opportunity to discuss such a departure.

- The audio or audiovisual recording should illustrate some phenomena described in the case paper (e.g., diagnostic data, transference behavior, response to an intervention). The recording is to be **at least 45-60 minutes** in length; the **transcript** for the recording should be based on a **30-minute segment** of that recording. The student should instruct the committee of the time on the recording where the segment on the transcript begins. **Please note.** If only the chairperson is allowed to review the recorded session, the student should provide a full transcript of the session (**to a maximum of 60 minutes**).
- If the recorded session does not meet the length criterion (e.g., sessions with a child may only last 30 minutes), the student must submit a written statement of explanation co-signed by their practicum supervisor for approval/non-approval by the Qualifying Exam Coordinator of a brief recording (see Appendix G).
- Recordings must be clearly audible; if the recording is determined by the chairperson to be inaudible, **the exam will be declared a Non-Pass**. A student should preview the recording on different devices prior to submission to insure that it is audible; do not trust that just because it is audible on your equipment that it will universally be audible.

Note. If possible, it is good practice to record and retain a subsequent session with your client, should your committee request another example of your intervention skills as part of remediation. A site can request that all recordings be returned to them for destruction at the conclusion of the Qualifying Exam.

- The chairperson and the second reader will evaluate and score the Descriptive Memo, read the transcript, and listen to the full recording. However, if the student is not allowed to remove the recording from the practicum site due to agency policy, only the chairperson will travel to the site to review and evaluate the recording.
- If the student's practicum site does not allow recording of clients, the chairperson will observe a scheduled session with the client at the site. **This observation must occur prior to the date for written materials to be submitted.** [Any requests for an extension to this deadline should be discussed in advance with the Qualifying Exam Coordinator.] Students should consult with their site supervisor and contact the chairperson of the Qualifying Exam committee to arrange a mutually agreeable date and time for the observation. One week prior to the live observation, the student must submit to the chairperson a 1-page (single-spaced) paper which summarizes the client's background and context for the session (including theoretical approach and treatment plan). Policies regarding the length of an observed session are the same as for a recorded session.

Note. To ensure the timely scheduling and completion of the live observation, please see the deadlines outlined on p. 4.

- For Qualifying Exams that involve an observed session, the Clinical Component will be comprised of the Clinical Paper, Descriptive Memo, and Process Note (in lieu of a Transcript) on the observed interaction. The Process Note will consist of a detailed

description of the content and sequence of the session (i.e., a transcript from memory). The Clinical and Theoretical Components must be submitted on the date the Qualifying Exams are due. Students who are unfamiliar with the format of process notes may consult with the Qualifying Exam Coordinator for clarification.

Guidelines for Descriptive Memo

The Clinical Component also includes a Descriptive Memo of the recorded session. This paper should be **at least 4 but no longer than 6** double-spaced pages and should provide sufficient information/explanation for the readers to understand the basic theme(s) of the clinical paper. The descriptive memo should include:

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

Note. Students are allowed to review recordings with their supervisors as part of the supervisory process. In addition, clinical material on treatment cases (including protocols, test results, and reports) can be reviewed and discussed by one primary, on-site supervisor as part of supervision, as the student is actually ethically bound to do. However, there is to be no extensive consultation or focus on any written or recorded component submitted as part of the Qualifying Exam.

Student Checklist for Clinical Component

- See guidelines on the degree to which clinical material on treatment cases can be reviewed and discussed by one primary, on-site supervisor as part of supervision. **Ensure that there is no extensive consultation or focus on the Qualifying Exam client beyond standard supervision for that site or supervisor.**
- Ensure that no **written** component of the Qualifying Exam is reviewed by a supervisor or other person.
- See guidelines for obtaining approval through the Agency Consent Form.

- Obtain appropriate consent via the Client Consent Form in English or Spanish. If applicable, obtain assent from a minor or adult under guardianship through the Client Assent Form.
- All identifying information regarding the client(s) in each paper must be removed. Initials or a pseudonym may be used (and indicated as such); or, if identifying information is present, it should be redacted. If the client or therapist states the client's name on the recording, name should be redacted in the transcript.
- See all technical, writing, and content requirements for the Clinical Paper, both in the narrative guidelines and in the evaluative criteria.
- Ensure that the Clinical Paper meets requirements for length.
- Ensure that Clinical Paper is written in APA style, including pagination, margins, spacing, font size, references, and an abstract of 150 words or less.
- Ensure that the Clinical Paper meets requirements for number, recency, and peer review) for journal articles, book chapters, and/or electronic sources cited.
- Ensure that the Recording meets technical requirements, including for sufficient length and **audibility**.
- Ensure that the Transcript meets requirements for length.
- See all technical, writing, and content requirements for the Descriptive Memo, both in the narrative guidelines and in the evaluative criteria.
- Clinical Paper, Recording, Transcript (or Process Note if session could not be recorded), and Descriptive Memo are submitted by the deadline to the GIPP Program Specialist, according to established procedures.

THEORETICAL COMPONENT

Guidelines for Theoretical Paper

The Theoretical Paper must be on *one* topic area of clinical relevance to the clinical paper and based on the current literature. In this paper, the student should discuss, critically analyze, and integrate the current clinical research with the theoretical literature on their specific topic, which must **directly relate** and include the client about whom they are writing. The Theoretical Paper should be written in APA Style according to the 7th edition of the APA Publication Manual. Please see Appendix L for a description of scoring criteria for APA Style and Appendix M for a non-exhaustive list of common issues in APA style.

- The Theoretical Paper **should be no less than 8 pages and no more than 10 pages in length**. A **minimum of 10** journal articles or book chapters are to be used as references, and at least 50% of these references should represent literature published within the last 7 full calendar years. (The most recent edition of the *DSM* is considered a recent reference, regardless of year of publication.) Any electronic sources must be peer-reviewed or from a reputable site (e.g., NIMH, Centers for Disease Control, American Psychological Association).
- Relevance to the student's client and practicum setting should be referenced throughout the Theoretical Paper. For example, if the student is writing about how the client responded to a particular intervention, the paper should include why that intervention was chosen for this client, but might also include what adaptations needed to be made for the client and/or how well that intervention was supported in the literature. This requires the student to be discriminating about the concepts used and the examples used to illustrate those concepts. Please see Criterion #3 on the Theoretical Paper evaluative criteria score sheet. **Note.** For any of the example topics below, a focus on the literature pertaining to adapting the particular therapy approach to telehealth or other modifications would also be timely and relevant.

Examples of Possible Paper Categories

1. **General theme of central importance to the conceptualization of the client:**
 - a. The student's client is a survivor of childhood sexual abuse, and the student develops a paper that addresses the diagnostic issues for this syndrome (and how diagnosis might be affected by the client's abuse history).
 - b. The student's Latinx client is a pregnant teenager, and the student elects to write about current trends and theory regarding adolescent pregnancy in the Latinx culture (and how the theory would help conceptualize their client's issues).
2. **Diagnostic classification:**
 - a. The student has diagnosed the client as having Generalized Anxiety Disorder, and writes a paper on current effective treatments of GAD (and how their 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 (and how this research would help guide the development of an appropriate treatment plan).
- 3. Etiology of the disorder:**
- a. The student's client has been diagnosed with schizophrenia, and the student develops a paper that contrasts biological vs. psychodynamic perspectives (and how their 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 (and how this approach could be utilized to help with developmental issues relevant to the etiology of the child's behavior).
- 4. Outcome literature:**
- a. The student's client has school-related behavior problems; the student develops a paper which addresses the empirical literature on the efficacy of cognitive-behavioral therapy for school-related behavior problems (and whether it benefitted their client).
 - b. The student's client has been bullied at school; the student develops a paper which addresses the empirical research for anti-bullying curricula in middle schools (and how such curricula might decrease the likelihood of future bullying of this child).

Student Checklist for Theoretical Paper

- See all technical, writing, and content requirements for the Theoretical Paper, both in the narrative guidelines and in the evaluative criteria.
- Check that topic of Theoretical Paper is relevant to the client discussed in Clinical Component and that client issues are integrated in Theoretical Paper.
- All identifying information regarding the client(s) must be removed. Initials or a pseudonym may be used (and indicated as such).
- Ensure that the Theoretical Paper meets requirements for length.
- Ensure that Theoretical Paper is written in APA style, including pagination, margins, spacing, font size, references, and an abstract of 150 words or less.

- Ensure that the Theoretical Paper meets requirements for number, recency, and peer review) for journal articles, book chapters, and/or electronic sources cited.
- Theoretical Paper is submitted by the deadline to the GIPP Program Specialist, according to established procedures.

ORAL EXAMINATION COMPONENT

Guidelines for the Oral Exam

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

The Oral Exam will last approximately one hour, and the exam will be recorded. Upon successful completion of the Oral Exam, the recording will be made available to the student, if requested from the GIPP Program Specialist within 24 hours after the exam. Otherwise, the recording 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:

- Final Honor Code (Appendix F.2) is signed; recording of session begins
- The student begins with a **15-20 minute presentation** of the work described in the Clinical Component, including updated information about the client, the focus of their 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 their paper, and explore the student's understanding of both the client and their case conceptualization of that client. The theoretical/conceptual framework used in the Clinical Component is to be of the student's choosing. However, readers may ask students to discuss a second theory in relation to the client. In preparation for the Oral Exam, it is thus recommended that each student be able to apply **an additional theoretical viewpoint** to their client. This part of the exam takes approximately 30 minutes. The committee may also inquire as to what **relevant assessment instruments** would be appropriate if the student were testing this client.
- Readers will then request that the student leave the room so that they may complete the scoring of the Oral Examination. Readers are to score the oral examination independently and are not to consult with one another regarding the student's performance on the Oral Examination prior to completing their Oral Exam score sheets. After scoring the student's performance independently, the readers confer about the student's performance. The student is then asked to return, and the committee shares the result (Pass/Non-Pass) and feedback about the Oral Exam with the student.

Student Checklist for Oral Exam

- Sign the Final Honor Code and email it to the committee on the day of the Oral Exam.
- Prepare a 15-20 minute presentation.
- Prepare notes, if needed.
- Ensure that additional theoretical viewpoint and appropriate assessment tools are considered.
- Unless required to return materials to the site, it is the student's responsibility after the conclusion of the Oral Exam to ensure erasure or destruction of any recordings.

EVALUATION AND SCORING OF THE QUALIFYING EXAM COMPONENTS

Scoring of the Clinical and Theoretical Components

The student's committee will use the Evaluative Criteria for the Clinical and Theoretical Components (see Appendix H) to score the Clinical and Theoretical Components of the Qualifying Exam. Below are the evaluative sections scored for each subcomponent:

Evaluative Section	Clinical Paper	Recording	Descriptive Memo	Theoretical Paper
Technical Requirements	X	X	X	X
Writing Evaluation	X	N/A	X	X
Content Evaluation	X	X	X	X

As evident in the Evaluative Criteria, only the chairperson will score the Technical Requirement sections of the Clinical Paper, Descriptive Memo, and Theoretical Paper and determine if the criteria have been met and the section is a Pass or Non-Pass. If a student receives a Non-Pass for a Technical Requirement section, then a core faculty member will be assigned to be a second reader. This person will evaluate the paper that received the Non-Pass with regard to the Technical Requirements section and determine Pass or Non-Pass. If the paper is scored Non-Pass, then that is the final decision. However, if the paper is scored a Pass, then an additional core faculty reader will be brought in to make the final decision.

All other evaluative sections (i.e., Writing Evaluation and Content Evaluation) will be evaluated and scored by the Chairperson and Second Reader for each evaluative section to determine one of three possible outcomes:

- **Pass:** Pass was given by both the chairperson and second reader.
- **Non-Pass:** Non-Pass was determined by the chairperson and second reader. Any ethical violation noted by any reader on any of the components will also constitute a Non-Pass of that component.
- **Disagreement:** Pass was given by one reader and Non-Pass was given by another reader. If the other evaluative sections for this subcomponent have been passed, then a third reader will be assigned to review and score this evaluative section. The scoring from the third reader is used to determine whether the student receives a Pass or Non-Pass on this evaluative section. The student is not to contact the third reader directly for feedback.

A student who receives a Pass on all evaluative sections of the subcomponents of the Clinical and Theoretical Components will proceed to the Oral Exam Component of the Qualifying Exam. A student who receives a Non-Pass on any evaluative section of a subcomponent will have Non-Pass for that subcomponent. In these instances, the time scheduled for the Oral Exam will instead be used as a Remediation Meeting as outlined below.

Remediation of the Clinical and Theoretical Components

Through feedback and discussion with committee members, a student is given an opportunity to remediate and demonstrate passing performance on the sections of the exam for

which they originally received a Non-Pass. In preparation for the Remediation Meeting, the chairperson will consult with the second reader (and any third reader, if appropriate) to discuss feedback and recommendations for the remediation plan. At the Remediation Meeting, the committee members will return to the student the examination materials to be remediated, and offer the student a plan for remediation of their non-passing performance. The Remediation Meeting will be recorded, and the student may request a copy of the recording to aid in the recommended course of action.

Remediation plan with resubmitted materials. A remediation plan may include elements which follow the same guidelines as for the original submission of the Clinical and Theoretical Components:

- **Revised Clinical or Theoretical Paper.** This may involve correction of writing issues, including APA style, identified in the Clinical Paper and/or Theoretical Paper. The committee might also recommend reorganization of the paper to improve the student's conceptualization of the case or issues involved. Another recommendation might include a broadening, updating, and/or improving the critical analysis of literature cited in the paper.
- **New Theoretical Paper.** The committee may recommend a new paper on a different topic more relevant or specific to the client's issues.
- **Revised Descriptive Memo.** The committee may request a revised Descriptive Memo to include a more detailed critique or reflection on the content, process, therapist/client interaction, countertransference, and/or professional performance on the original recording.
- **New Recording.** The committee may request a new recording and transcript, preferably with the same client. If the student has terminated with this client, then a more recent (rather than new) recording may suffice. If no such recording is available, the committee will work with the student to review a recording with a different client on the student's current caseload. For any remediated recording, the student will submit a new Descriptive Memo with commentary on the clinical process. If the Descriptive Memo already received a grade of Pass, the new one will not be scored according to the evaluative criteria.

For the above examples, the new or revised materials should adhere to the same technical standards (e.g., page length or time) outlined for the Clinical and Theoretical Components. The committee will **only** score the materials using the relevant Evaluative Criteria for the technical, writing, and/or content subcomponents being remediated. In scoring the remediated materials, committee members are expected to maintain the same standards as for the original submission.

Remediation plan with additional materials. Some remediation plans may involve additional elements which the committee determines essential for the student to demonstrate competency on the Clinical and/or Theoretical Components. Examples include:

- **Annotated transcript.** The committee may request an annotated transcript of the original recording for the student to provide running comment on clinical interactions. When requested, this is usually for the student to demonstrate competency on specific scoring items for the Recording and/or Descriptive Memo.

- **Brief paper.** For remediation of an ethical or other important clinical issue, the committee may require a brief paper to aid the student's mastery or demonstration of clinical competency on specific scoring items for the Clinical Component.

For the above examples, the committee should clearly specify the expectations for such materials and how results will be integrated into the standard Evaluative Criteria.

Remediation memo. The remediation plan is conveyed to the student in the Remediation Meeting and outlined in a written memo (see Appendix K for a sample). Based on the extent of remediation involved, the committee and the student will agree on a due date for the remediation materials, to be **no less than two (2) weeks and no later than four (4) weeks** from the date of the remediation meeting. The memo should note the dates/times when materials are due, when the student will be notified of results, and when the Oral Exam is scheduled to take place. No later than one (1) week after the Remediation Meeting, the chairperson will send a written copy of the remediation plan to the student, committee member, third reader (if applicable), and the Qualifying Exam Coordinator, ensuring that a copy of this plan is placed in the student's file.

Note. The week of Spring Break is not included in the calculation of any timeframe described in this section.

Should the student object to the remediation plan, they can submit a written appeal to the Qualifying Exam Coordinator. If the matter remains unresolved, the student can request that the written appeal be considered by the GIPP core faculty for a decision about whether to accept or modify the original remediation plan. Faculty will consider the appeal based on whether any item in the plan is irrelevant to, or in excess of, the requirements for passing performance on the exam.

Submission and scoring of remediated materials. The student is required to submit remediation materials in the same manner as for the original Qualifying Exam materials. The committee will score all the evaluative sections of any subcomponent being remediated and return the evaluative criteria score sheets to the Program Specialist **within three business days prior to the rescheduled Oral Exam.** The student will then be notified, within two business days, of the following two possible results:

- A student who receives a Pass from both readers on all remediated materials from the Clinical Component and Theoretical Components will proceed to the Oral Exam.
- If a student **receives a non-Pass from both readers** on any remediated component, this will constitute a failure of the first administration of the Qualifying Exam. As described in greater detail below, the student's academic status will change to Good Standing with Documented Concerns, and the student must retake the entire Qualifying Exam the following spring. The student has the right to appeal this decision and should consult the *Student Handbook: Program Overview* regarding evaluative conflicts, academic standing, and the appeal process.

If there is disagreement between the readers, a third reader will be assigned to score only those sections for which there was a disagreement. If the student receives a Pass by the third

reader on all scored sections, the student will proceed to the Oral Exam. Receiving a Non-Pass on any scored section will constitute a failure of the first administration of the Qualifying Exam.

Scoring of the Oral Component

The student's committee will use the Evaluative Criteria (see Appendix I) to score the Oral Exam Component, which includes only a Content Evaluation section. The scoring from the Chairperson and Second Reader will lead to one of three possible outcomes:

- **Pass:** Pass was given by both the chairperson and second reader
- **Non-Pass:** Non-Pass was given by both the chairperson and second reader.
- **Disagreement:** If a Pass was given by one reader and Non-Pass was given by another reader, then a third reader will be assigned to listen to the recording to the Oral Examination and score this evaluative section. The scoring from the third reader is used to determine whether the student receives a Pass or Non-Pass.

A student who receives a Pass has successfully completed the Qualifying Examination. A student who receives a Non-Pass must repeat the Oral Exam Component.

Remediation of the Oral Component

At the conclusion of the first Oral Exam, the committee will give the student feedback about their non-passing performance. The student will be provided with the recording of the Oral Examination and feedback session. After review of these materials, the student may elect to meet with the chairperson again to get additional feedback. The committee will schedule the second Oral Exam for **no earlier than two (2) weeks and no later than four (4) weeks** following the first Oral Exam.

Note. The week of Spring Break is not included in the calculation of any timeframe described in this section.

A student who receives a Pass from both readers on the second Oral Exam has successfully passed all components of the Qualifying Exam. Should a student receive a Non-Pass from both readers on the second Oral Exam, this will constitute a failure of the first administration of the Qualifying Exam. If there is disagreement between the two readers on whether a student passed a repeat of the Oral Exam, a third reader will be assigned to listen to the recording of the Oral Examination and score this evaluative section. The scoring from the third reader is used to determine one of two possible outcomes:

- **Pass:** The student passes the Oral Exam and the Qualifying Examination.
- **Non-Pass:** The student will fail the first administration of the Qualifying Exam and the student will retake the entire Qualifying Exam the following spring.

Second Administration of the Qualifying Examination

For the second administration of the Qualifying Exam, the Qualifying Exam Coordinator will assign the student a different chairperson and second reader than for the first administration.

The procedures for the year in which the student is retaking the Exam will apply. In scoring the second administration, committee members are expected to maintain the same standards as for the first administration.

A student who receives a Pass from both readers on *all* components of the second administration has successfully passed the Qualifying Exam. Provided there is no other reason for the student to remain in Good Standing with Documented Concerns, the student's academic status will be returned to Good Standing.

Should a student receive a Non-Pass from both readers on any component of the second administration of the Qualifying Exam, the student will not be allowed to remediate the Non-Pass sections of the components and the student will fail the second administration of the qualifying examination. If there are one or more evaluative sections in which there is disagreement between the readers, then a third reader will be assigned to review only those sections for which there was a disagreement. If the student receives a Pass by the third reader on all scored sections, the student will pass those sections of the exam. If the third reader gives the student a Non-Pass on any subcomponent of the second administration of the exam, the student will fail the second administration of the Qualifying Exam and be dismissed from the doctoral program. The student has the right to appeal this decision and should consult the *Student Handbook: Program Overview* regarding evaluative conflicts, dismissal, and the appeal process.

APPENDIX A

SAMPLE CASE EXTENSION LETTER

To: John G. Mehm, PhD, Qualifying Examination Coordinator
From: *(Student Name)*
Re: Qualifying Exam Extension
Date: *(Date)*

Dear Dr. Mehm,

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 *(Date)* to turn in my Exam. I appreciate your consideration of this matter.

Student

Practicum Supervisor

Date

Request Approved

Request Not Approved

John G. Mehm, PhD, Qualifying Exam Coordinator

APPENDIX B

AGENCY CONSENT FORM

“*HIPAA*” means the Health Insurance Portability and Accountability Act and its implementing regulations.

“*Information*” means protected health information - as that expression is defined in HIPAA - obtained through interactions with clients who are also patients of Site (defined below).

“*Site*” means _____, which operates _____
_____ {unit or program}.

“*Student*” means _____, a Psychology Practicum Student at The University of Hartford.

“*Supervisor*” means _____, a Licensed Psychologist at Site.

“*Unit*” means _____ that Site operates.

Site grants to Student, working at Unit under the supervision of Supervisor, permission to use and disclose Information for the purposes of fulfilling the educational and training requirements of the Qualifying Examination.

Student must:

- ensure the anonymity of all clients with whom Student has contact in obtaining or using any information at the Unit; and
- cause all identifying information that appears on any form, paper or recording that Student submits to the Doctoral Program in Clinical Psychology at the University of Hartford to be deleted, and each recording at Site’s request to be returned to Site or destroyed.

Student

Date

Supervisor

Date

Site Director of Training

Date

APPENDIX C

CLIENT CONSENT AND ASSENT FORMS

Appendix C.1: Client Consent Form26

Appendix C.2: Formulario de Consentimiento del Cliente27

Appendix C.3: Client Assent Forms28

Instructions

Informed consent must then be obtained from the client and documented with the Client Consent Form in Appendix C.1 (in English) or C.2 (in Spanish).

For a minor (8 through 17 years old) or an adult under guardianship, consent is obtained from a parent or legal guardian, and the client must indicate their willingness to participate via the Client Assent Form (see Appendix C.3). A witness signature to the forms in Appendix C may be obtained by any competent adult, age 18 or above.

These forms must be completed prior to the recording or observation; if not, then the student will not be able to utilize the recording or observation for the Qualifying Examination.

Copies. Students will need to have 2 copies of the fully signed Consent and (if applicable) Assent forms. The first copy of the consent and assent forms should be left intact (in case there is a question about consent) and *not* submitted with the exam. Instead, the intact copy should be placed in the participant’s medical record, if this is acceptable with the agency/supervisor.

For the second copy, **the student will white out all but the initials on the name and all but the very first initial of the signature.** This redacted copy is submitted with the Qualifying Exam materials.

Live observation. If the student is not allowed to record sessions at the practicum site, thus requiring a faculty member to observe, the box relevant to observations should be checked on the Consent and Assent Forms.

APPENDIX C.1

CLIENT CONSENT FORM

“Client” means _____, an individual whose Information is to be used and/or disclosed under this document.

“HIPAA” means the Health Insurance Portability and Accountability Act and its implementing regulations.

“Information” means protected health information - as that expression is defined in HIPAA - obtained through interactions with clients who are also patients of Site (defined below).

“Site” means _____, which operates _____ {unit or program}.

“Student” means _____, a Psychology Practicum Student at The University of Hartford.

“Supervisor” means _____, a Licensed Psychologist at Site.

“Unit” means _____ that Site operates.

I _____ (*full name of* Client, parent, or guardian) authorize the use or disclosure of Information of Client in an audio or video recorded during therapy sessions and to have that Information used for the purposes of fulfilling Student’s educational and training requirements.

check here if a therapy session will be observed in person by a faculty member from the University of Hartford.

I have been informed that any Information that identifies the Client’s full name – or that of parent or guardian – will not be included on any material submitted to the Doctoral Program in Clinical Psychology at the University of Hartford.

I understand that Information will be shared with _____ {description of each individual who will have access to Information}.

All copies of recordings that include Information will be returned to Student. I understand that all information that Student obtains or uses is confidential – to the extent permitted by law – and that Student must maintain anonymous Client’s identity, to the extent practicable.

This written consent expires **12** months from the date of its signing unless I revoke that consent in writing. I understand that if I revoke this consent, Student or a third party may have already used Information.

Signature of Client/Parent/Legally Authorized Representative

Signature of Therapist

Signature of Witness

Date

Therapist: See instructions on p. 25.

APPENDIX C.2

FORMULARIO DE CONSENTIMIENTO DEL CLIENTE

“Cliente” significa _____ una persona cuya información se va a utilizar y/o descrito en este documento.

“HIPAA” significa la Ley de Responsabilidad y Portabilidad del Seguro de Salud y sus reglamentos de aplicación.

“Información” significa la información de salud protegida - la expresión se define en HIPAA – obtenida a través de las interacciones con los clientes que también son pacientes del Sitio (definido abajo).

El “Sitio” significa _____, que opera _____
_____ {unidad o programa}.

“Estudiante” significa _____, un Estudiante de Psicología en Practica de la Universidad de Hartford.

“Supervisor” significa _____, un/a Psicólogo/a Licenciado/a en el Sitio.

“Unidad” significa _____ Sitio que opera.

Yo, _____ (*nombre completo del Cliente*, paren, o guardián) autorizo el uso o divulgación de la información del cliente en un archivo de audio o vídeo grabado durante las sesiones de terapia y tener esa información utilizada para los fines de cumplir con los requisitos educativos y de formación del estudiante.

Me informaron que cualquier información que identifique el nombre completo del cliente - o la del padre o guardián - no se incluirá en cualquier material enviado al Programa de Doctorado en Psicología Clínica de la Universidad de Hartford.

Entiendo que la información será compartida con _____
{descripción de cada persona que tendrá acceso a Información}.

Todas las copias de las grabaciones que incluyen información serán devueltas al Estudiante. Entiendo que toda la información obtenida o utilizada por lo estudiante es confidencial - en la medida permitida por la ley - y que el estudiante debe mantener la identidad del cliente anónimo, en la medida de lo posible.

Este consentimiento por escrito expira **12** meses de la fecha de su firma, a menos que yo revoque el consentimiento por escrito. Entiendo que si revoco este consentimiento, un estudiante o un tercero pueden haber utilizado alguna información.

Firma del Cliente/Paren/Representante Legalmente Autorizado

Firma del Terapeuta

Firma del Testigo

Fecha

Therapist: See instructions on p. 25.

APPENDIX C.3

CLIENT ASSENT FORM

I _____ *name* of Client, 8 through 17 years of age or adult under guardianship) agree to have my therapist use information about our work together as part of my therapist's school requirement, and:

be audio or video recorded.

OR

have a therapy session with my therapist observed by a teacher of the University of Hartford.

My therapist told me that:

- my full name will not be included in any papers that she/he writes this school requirement at the University of Hartford where _____ is a student;
- my therapist may share my information with his or her classmates or teachers;
- all the information about me will be kept private unless my therapist is concerned about my safety or someone else's safety;
- a chance exists that my therapist and his or her classmates or teachers may share information about me, and that confidentiality law may no longer protect that information;
- all copies of the recording of our meeting will be returned to my therapist;
- this written assent ends **12** months from the date I sign, or earlier if I notify my therapist in writing that I have changed my mind;
- I understand that I can still have therapy sessions, and that my insurance will pay for any covered therapy sessions, if I do not sign this assent;
- even if my parent/guardian gives permission, I do not have to agree.

Signature of Client/Parent/Legally Authorized Representative

Signature of Therapist

Signature of Witness

Date

If this Client Authorization Form is signed by a Client's legally authorized representative, then below is a description of that individual's authority to act for the Client:

_____.

Therapist: See instructions on p. 25.

APPENDIX D

SUMMARY OF QUALIFYING EXAMINATION RESULTS

UNIVERSITY OF HARTFORD

COLLEGE OF ARTS AND SCIENCES

SUMMARY OF QUALIFYING EXAMINATION RESULTS

Student Name _____

Component	Pass (Date)	Non-Pass (Date)
Clinical Paper		
Clinical Recording		
Descriptive Memo		
Theoretical Paper		
Oral Examination		

Was a third reader assigned?

Yes _____ Name: _____

No _____

Has student passed all components of the Qualifying Examination? Yes _____ No _____

Date passed _____

Comments/Recommendations (Attach additional sheets if needed)

Committee Chairperson _____ Date _____

Cc: Program Specialist

APPENDIX E

LETTER OF COMPLETION OF THE QUALIFYING EXAMINATION

UNIVERSITY OF HARTFORD

COLLEGE OF ARTS AND SCIENCES

(Date)

(Name)

UH ID: *(ID number)*

(email address)

Re: Completion of Qualifying Examination

Dear *(Name)*,

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

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

Sincerely yours,

John G. Mehm, Ph.D.

Director, Graduate Institute of Professional Psychology

cc: Emily Scott, A & S Manager of Student Services & Evaluation
Student file

APPENDIX F.1
QUALIFYING EXAMINATION INITIAL HONOR CODE

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

- (a) The case selected must be a therapy case. ***The student can begin work with the client prior to three (3) months before the exam deadline. However, the recorded session must take place no earlier than three (3) months before the Qualifying Exam due date.***
- (b) No faculty member or student(s) will have reviewed ***any written or recorded material prior to submission of the examination.*** Faculty other than the student's committee may be solicited for references or suggestions ***only***, but cannot be utilized as informal consultants on the clinical or theoretical papers.
- (c) Clinical material on Treatment Cases (including protocols, test results, and reports) can be reviewed and discussed by one primary, on-site supervisor as part of supervision, and the student is actually ethically bound to do so. However, there is to be no extensive consultation or focus on any component of the Qualifying Exam, or the recording that is submitted as part of the Qualifying Exam.
- (d) Students are not to formally present or discuss their Treatment Cases in any of their seminars (e.g. PPS) or academic courses at the University of Hartford ***as of exactly three (3) months prior to submitting the exam*** (e.g., for an exam due February 1, three months prior would be November 1).
- (e) Students may informally discuss clients who may become the subject of their Treatment Case prior to that November date. However, this means that they cannot do a formal case presentation and get extensive feedback on the case. If it is possible a client will be used for the Qualifying Exam, the student should try not to present him/her at all.
- (f) It should be understood that any written documentation submitted as a requirement of a particular course, at this University or another, cannot be submitted as a component of the Qualifying Exam. In addition, any part of the Qualifying Exam cannot be submitted in future courses to meet any formal documentation requirements for any courses taken at the University of Hartford (e.g., case presentation for a Child Psychotherapy course).
- (g) **Violation of any requirements of the Honor Code will result in a Non-Pass of the Qualifying Examination.** If you have a question about how to proceed in a particular clinical situation, your clinical seminar leader and Qualifying Exam Coordinator are available for consultation.

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

Signature of Student

Date

Printed Student Name

Signature of Qualifying Examination
Coordinator

APPENDIX F.2
QUALIFYING EXAMINATION FINAL HONOR CODE

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

- (a) The case selected must be a therapy case. ***The student can begin work with the client prior to three (3) months before the exam deadline.*** However, ***the recorded session must take place no earlier than three (3) months before the Qualifying Exam due date.***
- (b) No faculty member or student(s) will have reviewed ***any written or recorded material prior to submission of the examination.*** Faculty other than the student's committee may be solicited for references or suggestions ***only***, but cannot be utilized as informal consultants on the clinical or theoretical papers.
- (c) Clinical material on treatment cases (including protocols, test results, and reports) can be reviewed and discussed by one primary, on-site supervisor as part of supervision, and the student is actually ethically bound to do so. However, there is to be no extensive consultation or focus on any component of the Qualifying Exam, or the recording that is submitted as part of the Qualifying Exam.
- (d) Students are not to formally present or discuss their treatment cases in any of their clinical seminars (e.g., PPS) or academic courses at the University of Hartford ***as of exactly three (3) months prior to submitting the exam*** (e.g., for an exam due February 1, three months prior would be November 1).
- (e) Students may informally discuss clients who may become the subject of their treatment case prior to that October date. However, this means that they cannot do a formal case presentation and get extensive feedback on the case. If it is possible a client will be used for the Qualifying Exam, the student should try not to present him/her at all.
- (f) It should be understood that any written documentation submitted as a requirement of a particular course, at this University or another, cannot be submitted as a component of the Qualifying Exam. In addition, any part of the Qualifying Exam cannot be submitted in future courses to meet any formal documentation requirements for any courses taken at the University of Hartford (e.g., case presentation for a Child Psychotherapy course).
- (g) **Violation of any requirement of the Honor Code will result in a Non-Pass of the Qualifying Examination.** If you have a question about how best to proceed in a particular clinical situation, your clinical seminar leader and Qualifying Exam Coordinator are available for consultation.

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

Signature of Student

Date

Printed Student Name

Signature of Chairperson

APPENDIX G

SPECIAL PERMISSION FOR BRIEF RECORDING

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

Signature of Student

Date

Signature of Practicum Supervisor

Date

Signature of Qualifying Exam Coordinator

Date

APPENDIX H

EVALUATIVE CRITERIA FOR CLINICAL AND THEORETICAL COMPONENTS

Student: _____ **Reader:** _____ **Date:** _____
Qualifying Exam: __ 1st Administration __ Remediation __ 2nd Administration

Paper was free of any evidence of APA ethical violations: Yes No

Violation noted _____

- Relevant component affected:**
- Consent Forms
 - Clinical Paper
 - Descriptive memo/Recording
 - Theoretical paper

CLINICAL PAPER - TECHNICAL REQUIREMENTS (only scored by chair)

Criteria	Pass = 1 Non-Pass = 0	If NP, include comment
1. Paper includes abstract of 150 words or less.		
2. Body of the paper (not including the title page, abstract, and references) is no less than 10 and no more than 15 double-spaced pages		
3. Paper includes as references a minimum of 5 journal articles or book chapters, and at least 50 % of these references should represent literature published within the last 7 full calendar years (the most recent DSM is considered a recent reference, regardless of year of publication). Electronic sources must be peer-reviewed or from a reputable site.		
4. Paper adhered to current APA style manual (see Appendices L and M for scoring criteria and guidelines).		
Total Score Possible range 0-4; Passing score = 4		___ Pass ___ Non-Pass

Writing and Content Evaluation Scoring Key:

3 = Exceeds Expectations: Student performance in this category is significantly above what would be expected of a 2nd year doctoral student.

2 = Meets Expectations: Student performance in this category meets expectations for a 2nd year doctoral student. *This is the typical score for most items.*

1 = Below Expectations: Student performance in this category is somewhat below what would be expected of a 2nd year doctoral student, with weaknesses outweighing strengths.

0 = Unsatisfactory: Student performance in this category is clearly below what would be expected of a 2nd year doctoral student. There are many weaknesses and few strengths. This student has failed to reach the expected level of competency on this item and therefore fails this section of the exam.

CLINICAL PAPER - WRITING EVALUATION

Criteria	Scoring (0-3)	Comments (<i>must be included</i>)
1. Demonstrated competence with regard to overall writing ability, including sentence structure, grammar, spelling, and punctuation.		
2. Demonstrated ability to write a well-organized, coherent paper that has a sequential flow of ideas and appropriate transitional sentences.		
Total Score Possible range 0-6; Minimum passing score = 4, with no 0 on any item		___ Pass ___ Non-Pass

CLINICAL PAPER – CONTENT EVALUATION

Criteria	Scoring (0-3)	Comments (<i>must be included</i>)
1. Demonstrated ability to understand and conceptualize the client and the client’s presenting problem in the context of his/her background and history.		
2. Showed ability to identify the client’s goals for treatment.		
3. Provided appropriate diagnosis (including appropriate ICD-10 codes) and diagnostic summary per recommendations in the DSM-5 that provides evidence/reasoning for diagnosis and alternative diagnoses considered.*		
4. Demonstrated the ability to discuss a chosen theoretical model that is relevant to the client and the client’s presenting problem, goals, and diagnosis.		
5. Included evidence-based research and scholarly literature pertaining to the presenting problem/symptom presentation and the match with chosen theoretical orientation.		

6. Developed a treatment plan based on the presenting problem, client goals, and diagnosis.		
7. Discussed the implementation of the interventions based on treatment plan, client goals, and diagnosis.		
8. Demonstrated ability to consider the site related factors that affect the treatment.		
9. Demonstrated ability to describe and include the role of individual and group diversity and multicultural issues to conceptualization and interventions.		
Total Score Possible range 0-27; Minimum passing score =18, with no 0 on any item		___ Pass ___ Non-Pass

*Refer to pages 19-25 of the DSM-5 Manual for more information about the diagnostic summary.

RECORDING - TECHNICAL REQUIREMENTS (only scored by chair)

	Pass = 1 Non-Pass = 0	If NP, include comment
1. Recording audible?		
2. The length of the recording is 45-60 minutes (or 30 minutes if there is approval for a brief recording that is signed by the Qualifying Exam Coordinator).		
3. The transcript for the recording should be based on a 30-minute segment of that recording. If it was a live observation, a detailed Process Note is included.		
Total Score Possible range 0-3; Passing score = 3		___ Pass ___ Non-Pass

RECORDING - Content Evaluation Scoring Key:

3 = Exceeds Expectations: Student performance in this category is significantly above what would be expected of a 2nd year doctoral student.

2 = Meets Expectations: Student performance in this category meets expectations for a 2nd year doctoral student. *This is the typical score for most items.*

1 = Below Expectations: Student performance in this category is somewhat below what would be expected of a 2nd year doctoral student, with weaknesses outweighing strengths.

0 = Unsatisfactory: Student performance in this category is clearly below what would be expected of a 2nd year doctoral student. There are many weaknesses and few strengths. This student has failed to reach the expected level of competency on this item and therefore fails this section of the exam.

Recording available to this reader? Yes No (Live Observation Recording only available onsite)

RECORDING - CONTENT EVALUATION

Criteria	Scoring (0-3)	Comments (<i>must be included</i>)
1. Showed evidence of a therapeutic alliance with the client, demonstrated by empathy, respect, responsiveness.		
2. Exhibited basic listening skills (e.g., reflection, summarization, paraphrasing).		
3. Exhibited ability to identify the client’s presenting problem(s) discussed in the session.		
4. Exhibited ability to engage appropriately with the client about that problem (e.g., followed the client’s lead, utilized a good balance of open-ended and closed-ended questions).		
5. Demonstrated appropriate clinical interventions skills dictated by the situation and/or the chosen therapeutic orientation.		
6. Attended to process issues during the session (e.g., responding to a client’s body language, strong affect, or comments that might relate to the therapist or the therapeutic relationship).		
7. Demonstrated sensitivity and adherence to the APA <i>Code of Ethics</i> .		
Total Score Possible range 0-21; Minimum passing score = 14, with no 0 on any item		<input type="checkbox"/> Pass <input type="checkbox"/> Non-Pass

DESCRIPTIVE MEMO – TECHNICAL REQUIREMENTS (only scored by Chair)

Criteria	Pass = 1 Non-Pass = 0	If NP, include comments
1. Body of the paper (not including the title page and references) is no less than 4 and no more than 6 double-spaced pages.		
2. Paper adhered to current APA style manual (see Appendices L and M for scoring criteria and guidelines).		
Total Score Possible range 0-2; Passing score = 2		___ Pass ___ Non-Pass

DESCRIPTIVE MEMO - Writing and Content Evaluation Scoring Key:

3 = Exceeds Expectations: Student performance in this category is significantly above what would be expected of a 2nd year doctoral student.

2 = Meets Expectations: Student performance in this category meets expectations for a 2nd year doctoral student. *This is the typical score for most items.*

1 = Below Expectations: Student performance in this category is somewhat below what would be expected of a 2nd year doctoral student, with weaknesses outweighing strengths.

0 = Unsatisfactory: Student performance in this category is clearly below what would be expected of a 2nd year doctoral student. There are many weaknesses and few strengths. This student has failed to reach the expected level of competency on this item and therefore fails this section of the exam.

DESCRIPTIVE MEMO – WRITING EVALUATION

Criteria	Scoring (0-3)	Comments (<i>must be included</i>)
1. Demonstrated overall technical writing competence, including sentence structure, grammar, spelling, and punctuation.		
2. Demonstrated that ability to write a paper that is well-organized, coherent, with a sequential flow of ideas and appropriate transitional sentences.		
Total Score Possible range 0-6; Minimum passing score = 4, with no 0 on any item		___ Pass ___ Non-Pass

DESCRIPTIVE MEMO – CONTENT EVALUATION

Criteria	Scoring (0-3)	Comments (<i>must be included</i>)
1. Demonstrated an ability to self-reflect and critically evaluate their performance during the session with regard to the therapeutic relationship, transference, and countertransference issues.		
2. Demonstrated an ability to self-reflect critically with regard to the student’s implementation of basic clinical skills (e.g., listening skills, reflection, summarization, ability to identify the clients presenting problem).		
3. Demonstrated an ability to self-reflect critically with regard to the student’s choice of the therapeutic strategies employed during the session.		
4. Demonstrated an ability to reflect on their adherence or non-adherence to their theoretical orientation		
5. Provided a discussion of their overall professional strengths as well as areas for continued development pertaining to basic clinical skills.		
Total Score Possible range 0-15; Minimum passing score = 10, with no 0 on any item		___ Pass ___ Non-Pass

THEORETICAL PAPER – TECHNICAL REQUIREMENTS (only scored by chair)

Criteria	Pass = 1 Non-Pass = 0	If NP, include comment
1. Paper includes an abstract of 150 words or less.		
2. Body of the paper (not including the title page, abstract, and references) is no less than 8 and no more than 10 double-spaced pages		
3. Paper includes as references a minimum of 10 journal articles or book chapters, and at least 50 % of these references should represent literature published within the last 7 full calendar years (the most recent DSM is considered a recent reference, regardless of year of publication). Electronic sources must be peer-reviewed or from a reputable site.		
4. Paper adhered to current APA style manual (see Appendices L and M for scoring criteria and guidelines).		
Total Score Possible range 0-4; Passing score = 4		___ Pass ___ Non-Pass

THEORETICAL PAPER - Writing and Content Evaluation Scoring Key:

3 = Exceeds Expectations: Student performance in this category is significantly above what would be expected of a 2nd year doctoral student.

2 = Meets Expectations: Student performance in this category meets expectations for a 2nd year doctoral student. *This is the typical score for most items.*

1 = Below Expectations: Student performance in this category is somewhat below what would be expected of a 2nd year doctoral student, with weaknesses outweighing strengths.

0 = Unsatisfactory: Student performance in this category is clearly below what would be expected of a 2nd year doctoral student. There are many weaknesses and few strengths. This student has failed to reach the expected level of competency on this item and therefore fails this section of the exam.

THEORETICAL PAPER – WRITING EVALUATION

Criteria	Scoring (0-3)	Comments (<i>must be included</i>)
1. Demonstrated overall technical writing competence, including sentence structure, grammar, spelling, and punctuation.		
2. Demonstrated that ability to write a paper that is well-organized, coherent, with a sequential flow of ideas and appropriate transitional sentences.		
Total Score Possible range 0-6; Minimum passing score = 4, with no 0 on any item		___ Pass ___ Non-Pass

THEORETICAL PAPER – CONTENT EVALUATION

Criteria	Scoring (0-3)	Comments (<i>must be included</i>)
1. Provided a rationale for the chosen paper topic and how it relates to client (e.g., diagnosis, presenting problem, background, demographics).		
2. Demonstrated the ability to integrate and synthesize the literature (e.g., summarizing and pulling together the results of multiple studies as opposed to only addressing them individually).		
3. Demonstrated the ability to critically analyze the empirical and theoretical literature cited in the paper (e.g., not taking findings at face value).		
Total Score Possible range 0-9; Minimum passing score = 6, with no 0 on any item		___ Pass ___ Non-Pass

APPENDIX I

EVALUATIVE CRITERIA FOR ORAL EXAM

Student: _____ **Reader:** _____ **Date:** _____
Qualifying Exam: __ 1st Administration __ Remediation __ 2nd Administration

Scoring Key:

3 = Exceeds Expectations: Student performance in this category is significantly above what would be expected of a 2nd year doctoral student.

2 = Meets Expectations: Student performance in this category meets expectations for a 2nd year doctoral student. *This is the typical score for most items.*

1 = Below Expectations: Student performance in this category is somewhat below what would be expected of a 2nd year doctoral student, with weaknesses outweighing strengths.

0 = Unsatisfactory: Student performance in this category is clearly below what would be expected of a 2nd year doctoral student. There are many weaknesses and few strengths. This student has failed to reach the expected level of competency on this item and therefore fails this section of the exam.

CONTENT EVALUATION

Criteria	Scoring (0-3)	Comments (must be included)
1. Presented in a professional, well organized, and effective manner.		
2. Summarized the client information, diagnosis, clinical conceptualization, and course of treatment.		
3. Provided updated information regarding the client, course of treatment, and the therapeutic relationship.		
4. Demonstrated insight into and alertness to clinical process.		
5. Demonstrated ability to identify multicultural and diversity issues relevant to self and client.		
6. Demonstrated ability to think on one's feet and respond adequately to the questions and comments from the committee.		
7. Demonstrated ability to be non-defensive and accept and utilize feedback.		
8. Demonstrated ability to self-critique and reflect on professional performance.		
Total Score Possible range 0-24; Minimum passing score =16, with no 0 on any item.		___ Pass ___ Non-Pass (Date of rescheduled Exam _____)

APPENDIX J

SAMPLE REMEDIATION LETTER

To: (Student Name)

From: (Faculty Name), Chairperson, Qualifying Exam Committee

RE: Remediation of Qualifying Exam

Date: (Date)

This letter is to document the Qualifying Exam remediation requirements for (student name). The following was discussed with you at our feedback session on (date), and a recording of this meeting has been given to you. Per this meeting, you agreed to the following:

1. Re-organize the Theoretical Paper so that it is easier to follow. You should create an outline before beginning writing to ensure that there is flow within the paragraphs and throughout the paper. You may want to include headers and statements that guide from one section to the next. Rather than just presenting findings, we would like to see more integration of information. You should be building a case not plugging in findings. *The writing and content criteria for the Theoretical Paper will be used to evaluate the revised paper.*
2. The Clinical Paper also needs re-organization. You should review the qualifying exam list of requirements and make an outline to help her stay focused in the paper. You should build a case from one section to the next. In terms of content, there are four major concerns. First, the diagnoses should be linked to the conceptualization, and, in turn, to the treatment plan. Second, the connection between history and diagnoses is not clear. The history does suggest the possibility of another diagnosis that should be considered or ruled out. Third, you should discuss how the differences between your ethnic identity and that of your client could affect therapy. Fourth, you should discuss whether there are any contextual issues related to your site that affect your work. *The writing and content criteria for the Clinical Paper will be used to evaluate the revised paper.*
3. In addition, we are concerned about the ethical violation that occurred when you identified yourself as the therapist of another client. You should review all relevant sections of the APA ethics code and write a two page paper discussing all ethical concerns and how this violation could negatively impact therapy with either of these clients. *A paper which satisfactorily addresses these issues will be used to determine whether expectations are met on item 7 (APA ethics) for content evaluation of the Clinical Paper.*

4. Regarding the recorded session, we understand the difficulties in providing therapy to a child. However, we have concerns about what was focused on during the session. You should review the recording again in conjunction with the transcript. You should turn in a transcript copy with comments throughout about how you could have done things better and missed therapeutic opportunities. You should also comment on how you could have done more with the picnic story or diverted the client back on target. The transcription comments should be discussed in the revised Descriptive Memo. *The content criteria for the Descriptive Memo will be used to evaluate the revised paper.*
5. You agree to turn in the above materials by *(time & date)*.
6. Faculty will submit remediation results by *(time & date)* and you will be notified of the results by *(time & date)*.
7. If your committee decides that you have successfully met the remediation requirements, the oral examination will take place on *(time & date)*.

Respectfully submitted,

(chairperson name and title)

Cc: *(Second Reader Name)*, Second Reader
(Third Reader Name), Third Reader (if applicable)
John G. Mehm, PhD, Qualifying Examination Coordinator
Student File

APPENDIX K

QUALIFYING EXAM CHECKLIST FOR FACULTY AND READERS

- ❑ It is important that all readers provide written feedback on the student's written documentation and Evaluative Criteria score sheets. Score sheets without feedback will be returned by the Program Specialist to the committee member.
- ❑ Readers are to provide the Program Specialist with the Evaluative Criteria score sheets for the Clinical and Theoretical Components either in person or via email by *no later* than 12:00 Noon on the Thursday of the 2nd week before a student is to be notified of their results. This is important as it will allow time for comparison of the results of the scoring from the two readers and to determine if a third reader is needed. Written feedback on scoring sheets must be legible and written in ink or typed with no cross outs. Typed results are preferred.
- ❑ The GIPP Program Specialist will notify students of the result of the Clinical and Theoretical Components by 4:00 PM on the Thursday prior of the week before a student's scheduled Oral Exam.
- ❑ Oral Exam:
 - Oral Exam begins on time.
 - Oral Exam is recorded.
 - Chairperson ensures that the Final Honor Code is signed at the start of the Oral Exam.
 - At the end of Oral Exam (if a student passes), student receives *all* papers and recordings, and is offered the recording of the exam.
 - Chairperson will make a copy of the Oral Exam score sheets and the Summary of Qualifying Exam Results for the student at the end of the Oral Exam.
 - Chairperson is responsible for returning to the Program Specialist the score sheets for the Oral Exam, Honor Code, and Summary of Qualifying Exam Results immediately after the exam.

APPENDIX L

SCORING CRITERIA FOR APA STYLE AS A TECHNICAL REQUIREMENT

The following is a guideline for APA style as a *technical requirement* on the written components of the exam: Clinical Paper, Descriptive Memo, and Theoretical Paper. Elements of general writing ability (including sentence structure, grammar, spelling, standard punctuation, and organization) are scored as part of the *writing evaluation* scoring criteria.

The use of APA style will be scored using the following scale:

1 (Pass)	Writing shows adherence to APA style which is at least satisfactory for the style elements expected in a review paper. While a few minor errors may be noted, there is no consistent pattern of mistake for one or more categories.
0 (Non-Pass)	Writing shows less than satisfactory adherence to APA style. There are multiple minor errors or a pervasive pattern of mistakes that indicates the student does not understand the rules of writing in APA style.

As an aid to the student in preparing the written sections of the qualifying exam and to the reader in scoring the exam, Appendix M lists APA style issues that the student is expected to incorporate into their exam. This list is non-exhaustive, but represents commonly found elements that indicate a satisfactory understanding of APA style.

Committee chairs: For the following components that are scored for APA style as a technical requirement, you may record a student's exam scores below. Be sure to transfer these scores to the corresponding score sheets for the Technical Requirements sections of the Clinical Paper, Descriptive Memo, and Theoretical Paper.

Student:		
Component	Score	Comments
Clinical Paper	1 (Pass) 0 (Non-Pass)	
Descriptive Memo	1 (Pass) 0 (Non-Pass)	
Theoretical Paper	1 (Pass) 0 (Non-Pass)	

APPENDIX M

A NON-EXHAUSTIVE LIST OF APA STYLE ISSUES

Basics	<p><i>Does paper follow basic APA requirements?</i></p> <p>Paper typed in 12 pt. Times New Roman, 11 pt. Calibri, or 11 pt. Arial font 1 inch margin on top, bottom, left, and right Paper double-spaced throughout Running head (in all capital letters) and page number in header on all pages</p>
Spacing and Punctuation	<p><i>Does paper follow specific APA requirements for punctuation?</i></p> <p>One space after any punctuation used to end a sentence One space after a comma, colon, semicolon, or initials in personal names No periods in acronyms or abbreviations of state names No periods after a URL (except to indicate the end of a sentence) Use of a comma before “and,” “&,” or “or” in a series.</p>
Abbreviations and numbers	<p><i>Does paper use common abbreviations correctly?</i></p> <p>e. g., = for example; i. e., = that is; etc. = and so on. Use of numerals to express numbers 10 and above, decimals, and test scores Use of words to express numbers 0 – 9, common fractions (e. g., one-half)</p>
Headings	<p><i>Is paper organized with proper use of headings?</i></p> <p>Paper overall divided into sections with Level 1 headings If needed, sections divided into subsections with Level 2 headings If needed, subsections divided with Level 3 paragraph headings</p>
Language	<p><i>Does paper follow bias-free language guidelines?</i> (see pp. 131-149)</p>
Title page and abstract	<p><i>Does paper follow APA rules for formatting the title page and abstract?</i></p> <p>Use the words “Running head” only on the title page Text of abstract is NOT indented</p>
Citations of referenced works	<p><i>Does paper follow APA rules for citations of referenced works, including:</i></p> <p>Work by two authors in text vs. parenthetical citations Work by three or more authors use “et al.” for all citations Alphabetize two or more works listed in parentheses</p>
List of references	<p><i>Does paper follow APA rules for the list of referenced works, including:</i></p> <p>Capitalization of the title of a journal article, book chapter, or book Capitalization of a journal or periodical Italicization for a book title, journal title, and journal volume number If available, inclusion of the doi at the end of a journal article</p>

Reference. American Psychological Association. (2020). *Publication manual of the American Psychological Association* (7th ed.). Washington, DC: Author.

APPENDIX N

SOME SUGGESTED REFERENCES

General Case Conceptualization

- Barlow, D. H. (2014). *Clinical handbook of psychological disorders: A step-by-step treatment manual* (5th ed.). New York: Guilford Press.
- Eells, T. (Ed.). (2010). *Handbook of psychotherapy case formulation* (2nd ed.). New York: Guilford Press.
- Ingram, B. L. (2011). *Clinical case formulations: Matching the integrative treatment plan to the client* (2nd ed.). Hoboken, NJ: John Wiley & Sons, Inc.

Intervention Approaches

- Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nd ed.). New York: Guilford.
- Brown, L. S. (2018). *Feminist therapy* (2nd ed.). Washington, DC: American Psychological Association.
- Cohen, J. A., Mannarino, A. P., & Deblinger, E. (2012). *Trauma-focused CBT for children and adolescents: Treatment applications*. New York: Guilford Press.
- Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2011). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). New York: Guilford Press.
- O'Connor, K. J., Schaeffer, C. E., & Braverman, L. M. (2015). *Handbook of play therapy* (2nd ed.). Hoboken, NJ: John Wiley & Sons, Inc.
- Quick, E. K. (2008). *Doing what works in brief therapy: A strategic solution focused approach* (2nd ed.). San Diego, CA: Academic Press.
- Rosenblatt, P. C. (1997). *Metaphors of family systems theory: Toward new constructions* (Revised ed.). New York: Guilford Press.
- Rosengren, D. B. (2017). *Building motivational interviewing skills: A practitioner workbook* (2nd ed.). New York: Guilford Press.
- Sommers-Flanagan, J., & Sommers-Flanagan, R. (2015). *Counseling and psychotherapy theories in context and practice: Skills, strategies and techniques* (2nd ed.). Hoboken, NJ: John Wiley & Sons, Inc.
- Wedding, D., & Corsini, R. J. (Eds.). (2020). *Case studies in psychotherapy* (7th ed.). Florence, KY: Cengage Learning, Inc.