

ARGOSY UNIVERSITY, CHICAGO CAMPUS
MASTER'S PROGRAM CLINICAL EVALUATION COMPETENCY (CEC)

In awarding the Masters Degree in Clinical Psychology, the school certifies that the graduate has attained a certain level of competency in assessment, case formulation, and psychotherapy planning and implementation. The Master's Program Clinical Evaluation Competency (CEC) is a procedure by which students present case material and are evaluated as to their competency. The student demonstrates competency in initial assessment, setting goals, and implementing a plan directed toward goal attainment. Passing the Master's Program CEC is the culmination of the student's ASPP clinical training at the Master's level.

PROCEDURE

The procedure for demonstration of competency is as follows. The student submits a taped therapy session on which s/he has received on-site supervision in accordance with the procedure of the practicum site. The taped session should represent the middle or end phase of therapy with a client, rather than the initial phase. In addition to the tape, the student submits a written report of her/his assessment of the client, the initial plan for therapy with that client, a report of the client's progress to date, a complete transcript of the session, and a critique of his/her conduct of the session.

Preparation

Selection of a client. Students should start to tape individual client hours early in the practicum in order to allow themselves the opportunity to select a suitable client and collect a number of usable tapes well in advance of the CEC. Discuss any problems in these areas with your Seminar leader. The patient may be an adult or a child, but the student should clear the suitability of the client with the Seminar leader. We request that clients and tapes (audio or video) are fair representations of your current skill development.

It is also desirable if you have seen the client for ten sessions or more. However, if that is not possible, we will accept a client with whom you are most familiar. There should be sufficient participation from both student and client to allow for adequate assessment of the therapeutic relationship. Sufficient participation means that the student needs to make more than one or two comments but need not feel compelled to fill the hour with extraneous commentary if no commentary is indicated.

Selection of Orientation/Model. The student should also establish, at this time, in discussion with the Seminar leader, the orientation s/he will follow with her/his chosen client. It will be important that the student prepare for the CEC by presenting material in therapy seminars and supervision and relating such material to the model.

Preparation for hour presented. The student may receive supervision on the case presented, including the particular hour presented for the CEC. The case presentation should offer a view of the student's capacity to discuss and analyze a therapy hour and to make use of supervision.

PRESENTATION

Tape and Transcript. The student presents a clearly audible cassette tape (audio or video) and a typed transcript of the complete taped session. The student should test the equipment and quality of recording before taping to assure that the tape will be audible. Tape recorders with detached, remote, or separate microphones tend to produce the best results.

The transcript is a verbatim record of the Therapist's and the Client's verbalizations during the therapy session. Do not edit the transcript or tape. The student must make every effort to assure accuracy in the transcript. The student should proofread the transcript against the tape before submitting it. To facilitate references to specific interactions, number each verbal exchange between the Therapist and Client sequentially (i.e., T1, C1; T2, C2; and so on). If a student chooses to hire someone to transcribe his or her tape, every effort must be made to protect and maintain confidentiality. The transcriber must agree to terms of confidentiality.

Give yourself and the client time to become comfortable with taping. If you wait until the last minute to start taping, it leads to anxiety and pressure on your part. ("This has got to be a good hour because I have to use this session for my CEC.") This kind of pressure can severely distort the treatment situation and your work. Getting the client to meet your needs becomes your priority. We suggest you begin taping as soon as possible and consistently tape throughout your practicum until you have completed your CEC presentation.

I. BIOGRAPHICAL AND HISTORICAL BACKGROUND

In the written assessment of the client, the student presents:

1. Identifying Information: Client's sex, age, social class, race, religion, marital status, occupation, education, current living situation including description of family constellation at the time of the session. Please disguise (or generally identify) individual and/or institutional setting presented in the transcript and report. Omit all proper names. This request is to protect the confidentiality of the client.
2. Presenting Problems: Symptoms, anxieties, moods, difficulties in personal and/or occupational relationships and activities at the time of the initial assessment overt reason(s) for seeking help at the time; and referral route to the therapist. Also indicate the number of times you have seen the client prior to this presented session.
3. Relevant Behavioral Observations: Salient aspects of physical appearance and mannerisms, as well as observations of significant interaction; relevant observations might include the client's apparent state of health, estimate of intellectual and cognitive functioning,

physical coordination, affect, indications of distress, and any oddities or peculiarities in client's behavior.

4. History: Areas for possible inclusion are developmental milestones and attendant stresses, family history (family of origin constellation, ages, ethnic-racial and religious backgrounds, descriptions of parents and siblings and the quality of relationships with such figures at critical times in childhood and adolescence, major losses, changes, and traumas), academic/vocational history (achievements, problems, aspirations, relationships, with authority figures), peer relationships, sexual history (early childhood memories, traumas, parental attitudes, reactions to physical changes at puberty, dating, past and current sexual behavior, sexual preference, attitudes toward sexuality), and medical history (illness, injuries, disabilities, reactions to such physical problems, family reactions to illness, chemical use history and current behavior). It may not be necessary to cover all these areas, but it is important to report aspects of the client's history that have important implications for current functioning.

5. Social/Cultural Considerations:

a. What is the client's ethnic and racial heritage? To what extent does the client/family maintain cultural ties and traditions? What is their degree of acculturation? How does their ethnic racial heritage relate to a) their attitudes about mental health and mental illness, and b) your conceptualization of the case?

b. In a similar manner to what you have done in part a, consider other aspects of diversity such as Social class, sexual orientation, disability, physical difference and religion.

You may use two to three (2-3) pages to cover Section I.

II. INTEGRATED CASE FORMULATION

Integrate material presented in the report to develop a comprehensive understanding of the client's presenting complaints. Identify your theoretical approach(s), and use those concepts most consistent with your orientation and most relevant to your treatment recommendations. For example, if psychodynamic, focus on major constellations of hidden wishes, fears, and defenses and salient interactional manifestations in presenting problems. If systems approach, focus on homeostasis and interactional sequences in the family system that has acted to stimulate and maintain problems. If behavioral, focus on possible cognitions and consequences that sustain the symptom. If client-centered, focus on areas of the client's self-perceptions, self-experience, and conditions of worth that seem related to problems.

Please be sure to clarify what are your observations and what is the client's commentary. We want to know how well you represent the client's view of their problem, and distinguish that clearly from your own observation of the client. Do not confuse the two perspectives.

Integrate current and past material when significant patterns are evident that are relevant to the client's presenting problem and ongoing life problems. Consider adaptive and maladaptive

elements in the client's current functioning. Also consider cultural context and issues of diversity in your analysis. What purpose do symptoms/complaints serve? What problems do they create? How motivated is the client to change? What are the client's understanding and expectations of psychotherapy? Describe impressions of focal issue(s) for therapy as you viewed them at the completion of the initial assessment.

You should present the "Case Formulation" section according to a format demonstrated in your Seminar sessions. The Seminar Leader is to help you learn how to organize a discussion of your observations and ideas in these seminars. If you have confusion in these areas and do not know how to organize your analysis, ask for help now.

The content and format of the assessment may vary, depending:

- a. The requirements and practices of your practicum site and
- b. The client's presenting problem.

You may use two to three (2-3) pages to cover Section II.

III. PROGRESS REPORT

Talk about your treatment plan and goals, describe any changes the client has made and identify elements of therapy or other factors that contributed to those changes, describe modifications of the initial therapy plan or goals in response to the client's needs, and discuss realistic and ideal recommendations and goals for this client. Also comment on the predicted future course of work with the client, including plans for continuing therapy or termination. What do you think is the prognosis for this client?

You may use one to two (1-2) pages to cover Section III.

IV. ANALYSIS OF THE THERAPY PROCESS

You are to select three sets of interactions between you and the client to analyze:

- a. The beginning of the hour;
- b. Significant counter-therapeutic or problematic exchange; and
- c. Significant therapeutic exchange.

The basic criterion for determining length should be a minimal number of exchanges that allows the reader to evaluate the impact of significant client and therapist comments. The opening segment may represent the first two-minute commentary (length and quality should guide your determination). Generally speaking, five exchanges are sufficient for a fair evaluation of

discussion, or if the reader is likely to misunderstand it, you should include either a longer exchange or information about the nature of your responses.

In your analysis of the therapy process, it is important to offer your rationale or personal (E.g., anxiety driven) reasons for intervening as you did. We want to assess your own self-reflective and self-evaluative capacities. In sections 'a.' 'b.' and 'c.' review the exchange as it starts from Client to Therapist, to Client to Therapist. You will provide an in-depth analysis of each section. In each instance, give the rationale for your intervention, your analysis of the meaning of the client's remark to you, and your remarks to the client. In addressing each of these issues, be specific. Refer to your transcript, e.g., "I think my comment at T13 frightened C. because.. and so she retreated back to a more neutral topic in C14," and "At T20 I felt confused because..."). You may use fragments of sentences in your use of evidence (Example: "In C2, I was afraid to drive...") rather than including the entire sentence.

Finally, do a brief general analysis of the most salient communications of the hour; focusing on the overall main issue(s) the patient was addressing the hour.

You are to use your self-chosen orientation as the framework for the analysis of the therapy material. You should be familiar with the framework selected. Your mode of analyzing material should reflect your understanding of concepts basic to the perspective of that orientation on psychotherapy and the psychotherapeutic process.

You may use three to five (3-5) pages for the analysis of the therapy process.

V. SELF CRITIQUE

Critically analyze your strengths and weaknesses in terms of what you did well and what you need to continue to work on as a therapist. What do you see as areas of further development for yourself as a clinician? What do you wish you would have done differently (said or done)? Describe your understanding of how supervision has effected your understanding of your work with this client.

How would you rate your knowledge of and comfort with your client's difference from you (e.g., ethnic and racial, social class, age, physical ability, etc). What questions do you have about their heritage as it relates to your understanding of this case? How do the social and cultural factors that make up their heritage influence your planned course of treatment/intervention? During the course of your treatment/intervention, how will you address these influences in the client's problems, and the differences between you and the client?

You may use two to three (2-3) pages for the self-critique.

Due Date

The CEC is due during the third week of the Spring Trimester in your MA Practicum Seminar. This deadline is firm. Failure to turn in the CEC by the deadline may delay your graduation from the Master's Program.

Evaluation

Criteria for evaluation of the CEC include the student's demonstration of adequacy in:

1. Recognition of principles of consistency and responsibility to the client (e.g., keeping scheduled appointments)
2. Empathic listening and reflecting skills;
3. Avoidance of major errors such as extreme didactic or judgmental interventions, attempts to rescue the client, etc.;
4. Recognizing and minimizing negative behavior based on countertransference reactions;
5. Management of the session (i.e., initiation, structuring, termination);
6. Ability to conduct a focused, structured therapy session;
7. Presentation of therapeutic orientation or approach;
8. Assessment of therapeutic progress and factors contributing to progress;
9. Planning for and prediction of the future course of work with the client;
10. Accuracy of the student's assessment of her/his strengths and weaknesses;
11. Demonstration of the capacity for sensitivity to ethnic/cultural factors that influence the student's assessment, interview, and treatment of clients of color (if applicable); and
12. Recognition of ethnicity and culture as determinants of the client's behaviors.

Review and evaluation of the student's competency are the responsibility of the MA Practicum Seminar Instructor.

The Seminar leader will evaluate the CEC report along the following dimensions:

1. **Clarity of Presentation.** The student should present relevant clinical material clearly and unambiguously. The report presents the analysis of the material in such a way that the reader can understand the student's ideas about specific intrapsychic and/or interactional operations in the client and the therapist. Use clear and discriminatory

words and phrases. Avoid blanket use of words like "closeness," "intimacy," "hostility," unless you specifically define and elaborate on meanings in relation to a particular response or set of responses. (Examples of inadequate articulation of process: "Client was made anxious by my remark," or "Client seemed to agree with my interpretation." Example of adequate articulation of process: "Client felt her efforts to gain my approval for her school performance were rejected by my comment about her still being dependent on authority figures.")

2. **Evidence of knowledge of relevant concepts related to the psychotherapeutic process (Psychodynamic, behavioral, systems, client-centered, eclectic).** Depending on the student's orientation and emphasis, the student should be able to offer speculations and hypotheses within that orientation about the therapeutic issues and processes present in the hour. The student should indicate how ethnicity, culture, and other aspects of diversity have influenced the client's behaviors.

3. **Documentation of formulations and hypotheses with data from the interview.** Students must attempt to support their ideas by presenting material from the interview and making specific references to comments, gestures, and internal reactions to therapeutic exchanges.

4. **Presence of the capacity for clear self-evaluation of therapist's responses.** Students should be able, not only to note what responses seemed to be therapeutic or countertherapeutic, but also to speculate about the role of their own state of knowledge and their own thoughts and feelings in creating a therapeutic or non-therapeutic response to the client.

The above criteria for the report should indicate that faculty expect and value clear, precise, organized, and thoughtful analyses of the therapeutic process. Students should feel free to speculate, but should make speculations that they can test against the data to ascertain whether the data support their speculations.

The Seminar leader will evaluate the CEC therapeutic interaction along the following dimensions:

1. **Basic Empathetic Listening and Reflecting Skills:** Students should be able to establish and maintain rapport and to recognize and accurately reflect the manifest content of the client's communications. Students should have beginning skills in responding to latent content.

2. **Basic Intervention Skills:** Students should be able to conduct a focused, structured therapy session and to manage initiation and termination of the session so as to set appropriate conditions for therapy. Students should be able to implement appropriate interventions within the therapy session and to manage transference and

countertransference reactions so as to facilitate the client's therapeutic progress. Students should show sensitivity to ethnic/cultural factors, particularly those that influence the student's assessment, interview, and treatment of clients of color (if applicable). Students should also show sensitivity to other aspects of diversity as this will be assessed if applicable as well.

3. **Assessment of therapeutic progress and factors contributing to progress:** Students should be able to evaluate changes in the client's functioning during the course of therapy and to relate those changes to events occurring in therapy. This assessment should include attention to therapist interventions and attitudes that have facilitated or hindered the client's movement. Whenever possible, the student should relate observations about progress to data from the CEC therapy tape.

4. **Planning for and prediction of the future course of work with the client:** The report should briefly outline a therapy plan and prognosis for future work with the client. The plan should attend specifically to termination issues.