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MASTER OF ARTS IN COUNSELING PSYCHOLOGY PROGRAM

COUNSELING COMPETENCY EXAM HANDBOOK

**ACADEMIC YEAR
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MASTER OF ARTS IN COUNSELING PSYCHOLOGY GUIDELINES FOR PSYCHOTHERAPY COMPETENCY EXAM

RATIONALE

The MA Counseling Psychology Competency Exam (MACCE) is a competency-based examination, designed to evaluate the student's mastery of basic counseling skills. Each student is required to present, both orally and in writing, a case presentation of a psychotherapy client. The MACCE is taken during the final semester of Practicum, usually in the Spring or Summer Semester. Faculty evaluators assess the student's knowledge and skill regarding the foundations of counseling, and the student's ability to adequately manage a counseling session, and the student's ability arrive at an accurate diagnostic and case formulation based in a theoretical model. Students are also evaluated on their ability to make and carry out appropriate and individualized treatment plans and specific interventions based on their case formulation. Students must pass the MACCE in order to be graduated.

ELIGIBILITY

Students are eligible to schedule the MACCE if they are in good academic standing and are making satisfactory progress in their final semester of practicum.

PROCEDURE

The student submits 1) an audio or videotaped psychotherapy session with a client with which s/he has received on-site supervision in accordance with the procedures of the practicum site. The taped session presented should represent a session that has **not** received supervision, and represents the middle or end phase of therapy with a client, rather than the initial phase. In addition to the tape, the student submits 2) a typed transcript of 10 minutes of the therapy session, which will be played after the oral presentation; and 3) a written case report detailing her/his assessment of the client, the diagnostic hypothesis and treatment plan, a review of the course of therapy with the client listing specific interventions, and a critical self evaluation of his/her treatment of the client including any transference/countertransference issues. Each student schedules a 20 minute oral presentation in Practicum Seminar during their final term in Practicum. The written report must be received by the Practicum Seminar Faculty 2 weeks before the date of the oral presentation. Each student will present their case orally and in writing to their Practicum Seminar class, and will answer questions about the case from peers and Seminar Faculty. This Presentation and Question and Answer period will run approximately 1 hour.

PREPARATION

A. Selection of 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 Counseling Psychology Competency Exam. Discuss any problems in these areas with your Seminar Faculty. The client may be an adult, child, family or dyadic system, but suitability of the client should be cleared with your Seminar Faculty. With children in play therapy, you must present an audiovisual tape. **You must obtain written consent from the client or legal guardian to present him/her.**

It is also desirable that the client has been seen 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

B. Selection of Orientation/Model: The student should also establish the orientation s/he will follow with

her/his chosen client. It will be important that the student prepare for the Counseling Psychology Competency Exam by presenting material in therapy seminars and supervision which reflect their chosen orientation/model.

C. Tape and Transcript: The student presents a *clearly* audible recording (audio or video) of at least 10 minutes of a psychotherapy session. The student should test the equipment and quality of recording before taping to ensure that the tape will be audible. Do not edit the tape.

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* to be a good hour because I have to use *this* session for my MACCE.") This kind of pressure can severely distort the treatment situation and your work. Pressuring the client to meet *your* needs becomes your priority. We suggest you begin taping with one or two clients as early as possible in the practicum and consistently tape throughout until you have completed your MA Counseling Psychology Competency Exam presentation.

The student may choose any 10 minute portion of the session to transcribe, but should choose a portion which best demonstrates an intervention that supports the treatment plan. When the tape is transcribed, the therapist and client interactions should be delineated (T, C, T, C, etc.). In situations where there are prolonged silences or period of only moderate talking, it is useful to type a brief description of the behavior that the client demonstrates during periods of silence, or periods of conversation, along with notes of what the interviewer is thinking or feeling at those times.

Although a student may be supervised by a practicum supervisor on the case presented, there must be no specific coaching or assistance regarding the particular hour presented for the MACCE. This presentation should offer a view of the student's independent capacity to conduct a psychotherapy session.

GUIDELINES FOR THE WRITTEN REPORT

The written materials from this MACCE may be copied for training or accreditation purposes. Consequently, it is imperative that the actual client's identifying information is disguised. Change names, ages, dates, and locations so that no one could figure out the actual identity of the client from the written materials. This protects the client's confidentiality.

Be sure to clarify what are counselor observations and what is the client's commentary. This is necessary to assess how well the student represents the client's view of his/her problem and distinguishes that clearly from the counselor's own observation of the client. Do not confuse the two perspectives.

The report should be selective and succinct. The length of the report is as follows. Use **10-15 pages, double-spaced** to cover all sections.

A. Description of the Client:

1. *Identifying Information:* Include the client's age, sex, social class, race, religion, marital status, occupation, education, family constellation, and current life situation. Describe the client's current level, and effectiveness, of functioning. (1/2 page)
2. *Relevant Behavioral Observations:* Describe the salient aspects of the client's physical appearance and mannerisms, as well as observations of significant interactions. Relevant observations might include the client's apparent state of health, estimate of intellectual and cognitive functioning, physical co-

ordination, affect, indications of distress, and any oddities or peculiarities in the client's behavior. (1/2 page)

3. *Presenting Complaints:* Current symptoms, anxieties, moods, and difficulties in personal, educational or occupational relationships and activities at the time of the initial assessment. Present the overt reasons for seeking help. Describe the referral route that may have brought the client to therapy. (1/2 page)
4. *Precipitating Factors and History of the Problem:* Describe the events or life changes that accompanied the appearance of psychological distress. Explain the development and course of the problems since the client first noticed his/her appearance. Specify previous efforts at resolution and apparent consequences of those efforts. Include cognitive, affective, and interpersonal reactions to precipitants of distress. (1 page)
5. *Relevant Psychosocial History:* Areas for possible inclusion are family history (family of origin constellation, ages, ethnic/racial and religious backgrounds, major losses, changes, and traumas), developmental history, academic/vocational history (achievements, problems, aspirations, relationships with authority figures), peer relationships, sexual history and medical/substance use history. 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. Social/ ethnic/ racial/ cultural/ gender/ sexual/ economic factors that organize and impact psychological functioning should be articulated. (1-2 pages)

B. Conceptual Formulation:

Resources to assist you in this section of the MACCE may be found at the end of this Handbook.

6. *Theoretical Orientation:* Describe your theoretical orientation or other conceptual formulation. Explain how a client might develop the problems identified according to your theoretical orientation. For example, if your approach is psychodynamic, then focus on major constellations of hidden wishes, fears, and defenses, as well as salient interactional manifestations in presenting problems. If cognitive-behavioral, then focus on core beliefs and possible cognitions or automatic thoughts that sustain the symptoms; or if client centered, focus on areas of the client's self-perception, self-experience, or conditions of self-worth that seem related to problems. State your orientation in such a way that you may use it to assess client and therapist responses during the session. If your conceptual formulation is eclectic, specify which different models you are drawing upon in your course of treatment with this client. You should cite appropriate references in this section. (1-2 pages)
7. *Case Formulation:* Provide a concise summation of the client's psychological strengths and difficulties according to your theoretical orientation. Explain how your client's identified issues/problems developed according to your theoretical orientation. Current and past material should be integrated when significant patterns are evident which relate to the client's presenting problem and ongoing life problems. Ethnicity, culture, gender, and other individual difference/diversity variables need to be explicitly addressed here. Consider adaptive and maladaptive elements in client's current functioning. What purpose do symptoms and complaints serve? What problems do they create? How motivated is the client to change? What are the client's understandings and expectations of counseling? Cite data from sessions and excerpt quotations from the taped session as appropriate. (2-3 pages)

C. Diagnostic Hypothesis & Treatment Plan:

8. *Diagnosis:* Include a multiaxial diagnosis on all five axes (DSM-IV TR). Describe in detail how you arrived at the differential diagnosis, substantiating your hypotheses with data from the counseling interview, including any related diagnoses that you considered and ruled out. (1 page)
9. *Treatment Plan:* The treatment/intervention plan should be an application of your case formulation. Discuss the specific techniques utilized, how they fit with your conceptual model and case formulation and how they were applied. How will the client's personal strengths and social resources be utilized in the change process? State the probability for the client to benefit from the type of treatment to be offered, taking into account the internal motivations and external situations as either aids or hindrances. Designate areas needing further clarification and the possibility of additional assessment. (1 page)

D. Course of Therapy & Self-Critique

10. *Course of Therapy and Client Response:* Describe what interventions you have provided and how they worked or didn't work for the client. Describe the client's progress to-date, including changes the client has made, and elements of therapy or other factors that contributed to those changes. Identify any modifications of the initial therapy plan or goals in response to the client's needs and/or new information obtained during sessions. Describe the predicted future course of work with the client, including plans for continuing therapy, referral, or termination, as appropriate. (1-2 pages)
11. *Self-Critique:* You are to evaluate your therapy process with this client. Critically assess the quality of the relationship developed between the you and the client during the course of treatment. Any conceptual, interactional, transference or counter-transference issues should be articulated and discussed. In your analysis of the psychotherapy 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

Your ability to critically assess your performance here is important. It represents a significant factor in the criteria for passing this examination. What strengths and competencies did you demonstrate? What are the skills that you still need to develop? What would you do differently and why? (1-2 pages)

Due Date: The written report should be ten to fifteen pages in length, not including the sample transcript of the session. The written report, tape, and transcript sample must be received by the Practicum Seminar Faculty 2 weeks before the date of the oral presentation. **Submitting materials after the deadline may result in failure of the MACCE examination.**

FACULTY EVALUATIONS AND EXAMINATION OUTCOME

Review and evaluation of the student's competencies are the responsibility of the MA Practicum Seminar Faculty. The Seminar Faculty will have reviewed the written manuscript prior to the oral presentation. The student should briefly present the case, building upon the materials already conveyed in the written report. The student should demonstrate her or his knowledge of the case, history, conceptualization, and treatment, including cultural or ethnic diversity issues and ethical issues. The student's presentation should not exceed

thirty (30) minutes in length, and may be as brief as ten (10) minutes. A student may bring a concise outline to discuss certain key points during the oral presentation. However, it is expected that students will be able to negotiate a largely extemporaneous professional presentation. Reading from, or referring to, detailed notes is inconsistent with expectations for theoretical and clinical competence at this point in the student's training.

The Seminar Faculty and class peers will then engage in dialogue with the student, assessing the student's knowledge base and counseling competence. A student is required to "think on one's feet," to consider and evaluate the questions, defending one's knowledge and demonstrating good counseling judgment and skill. Student's ability to receive and integrate feedback from Seminar Faculty and peers is also evaluated. A student may be asked to consider other possible interventions, demonstrate sensitivity to underlying psychological issues, and/or explain therapeutic strategies. Questions related to current professional issues, ethics, legal issues, and or diversity issues may also be asked. Seminar Faculty are free to explore issues and test the student's knowledge and competence.

The Seminar Faculty will evaluate the **MA Counseling Psychology Competency Exam written report and oral presentation** along the following dimensions:

1. **Psychological Assessment and Evaluation:** Students provide an adequate qualitative description of the client (issues, dynamics, personality, history, motivation for treatment, communication style, etc.). Student demonstrates knowledge of relevant diagnostic criteria and the ability to integrate information from a variety of sources to support the diagnosis. Student demonstrates adequate clinical reasoning in developing treatment plan, guided by assessment information and the theory selected.
2. **Conceptualization and Treatment Formulation:** Student demonstrates knowledge of the theoretical model selected, and can defend their choice based on client data. Student applies major components of the theory to case material, making specific references to material gained in the initial interview and sessions. The student should indicate how ethnicity/culture, class, or other individual differences/diversity variables may have influenced the client's behaviors and treatment.
3. **Therapeutic Relationship:** Student is able to establish and maintain rapport, and to recognize and accurately reflect the manifest content of the client's communications. Student demonstrates adequate relationship skills to develop therapeutic alliance (listening skills, accurate empathy; language consistent with client's frame of reference, conveyance of warmth, respect, and concern for the client; encouraging the client to discuss difficulties, appropriately reinforcing, tolerating client's affect). The student deals with problems in the therapeutic alliance, including diversity and value issues, resistance, and the student's own issues such as loss of professional boundaries and objectivity. Student demonstrates effective response to ethical and legal issues. Student attends specifically to termination issues, if appropriate.
4. **Effective Counseling Interventions:** Student demonstrates adequate skill in using interventions consistent with the treatment plan and case formulation. Students conduct a focused, structured therapy session and appropriately manage the beginning and ending of the session. Students implement appropriate interventions within the therapy session and manage transference and counter-transference reactions to facilitate the client's therapeutic progress. Students show sensitivity to ethnic/cultural, gender, class, as well as other individual differences/diversity variables, particularly those that may influence the student's assessment, interview, and treatment of clients. The student must attempt to support their ideas by presenting material from their sessions and making specific references to comments, gestures, and internal reactions to therapeutic exchanges. Students evaluate changes in the client's functioning during the course of therapy and relate those changes to events occurring in therapy. This assessment includes attention to

therapist interventions and attitudes that have facilitated or hindered the client's progress.

5. Presence of the Capacity for Clear Self-Evaluation of Counselor's Responses: Student shows an ability to critique his or her own work, including the following: assessing their effectiveness in direct interventions (strengths and weaknesses); generating alternative strategies in working with the client; discussing therapist's variables/countertransference; assessing the quality of the therapeutic relationship; and describing obstacles to treatment, such as their own state of knowledge and their own thoughts and feelings in creating a therapeutic or nontherapeutic response to the client. Student reveals an awareness of personal stress and its effect on their therapeutic work, and implements effective management strategies.

6. Quality of Writing: The written report should be clearly, concisely, and grammatically composed; free of spelling and discourse/rhetorical mistakes. Students should present relevant information clearly and unambiguously. The report presents the case in such a way that the reader can understand the student's ideas about specific intrapsychic, situational, and/or interactional processes in the client and the counselor. 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.")

7. Quality of Oral Presentation: The student exhibits an adequate ability to communicate case material in an organized, articulate and fluid manner. Student shows adequate problem solving ability when presented with hypothetical questions about the case (ethical dilemmas, diversity issues, alternative interventions, psychotherapy process and relationship issues, consultation with professionals from other disciplines). Student displays non-defensive responsiveness to feedback and questions. **No reading** of your written report is allowed.

GRADING

There are four levels of proficiency assigned to the MACCE, defined as follows:

PASS - OUTSTANDING PROGRESS: Indicates superior performance beyond the student's developmental level in the program. Evidence of diagnostic and therapeutic effectiveness is demonstrated throughout the MACCE evaluation process. Indicates exemplary understanding and integration of theory and practice.

PASS – SUFFICIENT PROGRESS: Indicates an appraisal that the student's overall performance is comparable to other students at her or his developmental level in the program. The student has demonstrated developmentally appropriate proficiency according to the scoring guidelines, and is prepared to enter the mental health field as a practicing counselor under supervision. Students can apply theoretical and technical information into an organized and integrated body of knowledge, and have demonstrated competence in assessment and intervention.

PROVISIONAL PASS PENDING REVISION: Indicates an appraisal that the student's written report contained several technical inadequacies or many examples of poor professional writing. There must be an inadequacy of content at the deep structural level to justify a decision of Pass Pending Revision. The

student must rewrite the report to correct the problems, based on feedback from her or his Practicum Seminar faculty member. Revisions must be satisfactorily completed within 30 days of the Practicum Seminar faculty member completing the evaluation. If the revisions are not satisfactory, then the decision will revert to a failing grade.

FAIL – INSUFFICIENT PROGRESS: Indicates an appraisal that the student's written and oral report demonstrates significant deficiencies. These deficiencies indicate that the student has not yet mastered the body of knowledge of professional counseling at the master's level or cannot successfully apply it. A plan of remediation is warranted. Student is referred to the Student Professional Development Committee (SPDC) for review and recommendations.

REMEDIATION POLICY

In the event that a student fails the examination, he or she may be dismissed from the program, or may be offered the opportunity for remediation. The Student Professional Development Committee, in consultation with the faculty evaluators and the Program Chair, will recommend a program of remediation and will determine the date of the first opportunity for the student to retake the MACCE. Remediation may include readings, repeating of courses or practica, additional courses, additional documentation or revision of written materials, presentation of another case, or other specified training experiences. All remediation plans must be forwarded to the Director of Counseling Training by the Practicum Seminar faculty member. The goal is to help the student pass the MACCE evaluation process the second time.

Re-evaluation will occur no later than the end of two semesters following the date of the failed examination. The student's progress in remediation will be taken into account. A student may retake the MACCE only one time. A second failure of the MACCE process will result in automatic dismissal from Argosy University/SFBA.

APPEAL OF MACCE DECISIONS

Consult the Argosy University Academic Catalog if you wish to submit an appeal.