

The Clinical Child Psychology Preliminary Examination

(last updated: April 2008)

Goals

The primary goal of the preliminary examination is to serve as a doctoral candidacy examination that evaluates the student's scholarly and professional abilities. The preliminary examination is a series of evaluations consisting of a multiple-choice test covering the areas reflected in the national Examination for Professional Practice in Psychology (EPPP); a clinical portfolio and oral examination; and a research component (each of these are described in detail below). This comprehensive evaluation package is designed to assess the student's performance and skills as scientist and practitioner. In addition to the evaluative component of the preliminary examination, additional benefits include enhancing the student's professional development by providing exposure to a review process that is similar to that encountered when one applies for state licensure as a psychologist.

Content and Structure

A. *Multiple Choice Exam*

As with the EPPP, the multiple-choice component of the Clinical Child preliminary examination will be administered via computer. The exam will consist of 100 multiple choice items assessing the "knowledge base required for the various responsibilities psychologists are expected to assume in professional practice" (roles identified for content areas covered on the EPPP are listed in Appendix A). The content areas and percentage breakdowns are listed in Appendix B).

Students will be allowed 2 hours to complete the exam (note: the EPPP is comprised of 200 items over a 4-hour time frame). The multiple-choice component will be administered twice per year (October and March). Students entering the program with a Bachelor's degree (or with a Master's degree who were required to complete a thesis at WVU) will be expected to take the exam in October of their 3rd year in the program. Students entering with a Master's degree and an approved thesis from another institution will be expected to take the exam in October of their 2nd year in the program. October examination dates will be established by the Clinical Child faculty and will be announced prior to the end of the preceding spring semester. The March administration dates will be announced in October each year.

Criterion for Pass = 70%. Should a student fail the October administration (i.e., their first attempt), they may repeat the multiple-choice component at the next scheduled administration time (i.e., March). Failure on a second administration of the multiple-choice component will result in a grade of failure for the preliminary examination as a whole (regardless of scores on the other components) and constitute grounds for dismissal from the program.

B. Research Methodology Component

Students will complete a sit-down essay exam in which the student's knowledge and critical thinking with respect to research design and methodology are assessed. The student must select and expound upon one of three question topics presented (the three question topics will be formulated by the Clinical Child faculty). The exam will have a time-limit of 2 hours. Criteria for passing will be a majority vote of the Clinical Child faculty raters. Students are encouraged to review the list of Suggested Readings provided on the program website.

C. Clinical Portfolio and Oral Examination

The student will prepare a clinical portfolio of written reports and materials reflecting their work with respect to a clinical case. The case selected should be one in which the student maintained primary responsibility (under appropriate supervision) for formal assessment and the development and execution of a treatment plan. The case must represent a child or family case. Materials included in the portfolio should include intake, assessment, and discharge reports reflecting the conceptualization and outcome of the case. The portfolio must be submitted to the Clinical Child program coordinator two weeks prior to the date on which the student is sitting for the preliminary examination.

On the day of the exam the student will provide an overview of the case (presentation strictly limited to 5-minutes), and then will field questions from the faculty. The oral examination will not exceed one hour, during which time the student will answer questions about the conduct of the case. This component is quite similar to that required by most state licensing boards. Evaluation is based on the student's demonstration of appropriate decision-making, understanding of standard assessment procedures, psychopathology, behavioral treatment, and ethical practice. Criteria for passing will be a majority vote of the Clinical Child faculty (excluding any members on sabbatical or other leave that semester).

Clarification of oral examination content: As noted previously, the preliminary examination is a “comprehensive evaluation package designed to assess the student's performance and skills as scientist and practitioner” and “evaluation is based on the student's demonstration of appropriate decision making, understanding of standard assessment procedures, psychopathology, behavioral treatment, and ethical practice.” As such, faculty have wide latitude in asking questions to assess competence. Within the scope of our scientist-practitioner program, competent and ethical clinical decision-making may be considered to include an understanding of philosophical, theoretical, and research foundations, as well as fluency in behavioral case conceptualization.

Criterion for passing the oral examination component = majority vote of Clinical Child faculty raters. Should a student fail the October administration (i.e., their first attempt), they may repeat the clinical portfolio component at the next scheduled administration time (i.e., March). Repeat administration will require selection of a new clinical case. Failure on a second administration of the clinical portfolio component will result in a grade of failure for the

preliminary examination as a whole (regardless of scores on the other components) and will constitute grounds for dismissal from the program.

Policies and Procedural Notes

Faculty voting procedure: Faculty raters will record their individual “votes” on rating sheets provided by the program coordinator. Initial ratings will be made independently and without group discussion. Rating sheets for the Research Methodology component will be submitted to the program coordinator prior to the beginning of the Oral Examination session. The tally of votes will be read aloud and recorded on a summary sheet to be signed by the faculty. Following completion of the Oral Examination, faculty will record their votes on the specified rating sheet. Rating sheets will be passed to the coordinator and the tally of votes read aloud and recorded on a summary sheet to be signed by the faculty. If significant discrepancies are evident, faculty discussion may ensue and a second vote taken if deemed necessary.

Procedure in event of tied votes: In event of a tie, a period of discussion will take place in which the faculty comment on the strengths and weaknesses of the student’s performance and a second vote is taken. Should the faculty remain deadlocked the decision will fall to the student’s advantage and the grade recorded as a “Pass.”

Policy on faculty participation and absence: All Clinical Child faculty participate in the evaluation of the oral examination and research methodology essay components (unless on leave that semester, in which case participation is neither expected nor required). In event of emergency absence (e.g., a faculty member is hospitalized or away due to death of a family member) that the faculty member be excused and the preliminary examination proceed as scheduled. The only exception to this would be in the unlikely event that fewer than three faculty members would be available to participate in the preliminary examination. In such case, the examination would be rescheduled or a substitute member from the Clinical program faculty appointed to serve.

Administration Dates

Clinical Child students must sit for all three components of the exam in October of their 3rd year (2nd year for those entering with a Master's degree). Specific dates will be determined by the core Clinical Child faculty and announced the previous semester. Any component failed by a student must be retaken in March of the 3rd year (year 2 for those entering with a Master's degree). Only the failed components will be re-administered.

Appendix A
Psychologist's Roles Addressed within the EPPP National Licensure Exam
(cited from Association of State and Provincial Psychology Boards <http://www.asppb.org>)

Direct Service

The provision and/or administration of psychological services to clients, patients, and/or organizations in the areas of problem definition, need assessment, and diagnosis and the design, implementation, and evaluation of interventions

1. Make and/or receive referrals.
2. Coordinate service delivery with other psychologists and professionals (e.g., health professionals, managed care systems, organizational personnel, schools, community groups, other outside agencies).
3. Observe, interview, and gather information from patient/client/organization and related sources (e.g., relevant others, written records, referral source), identify the problems/needs and their contexts, assessment planning, clinical assessment.
4. Develop assessment procedures and/or instruments (e.g., behavioral analyses, structured interviews, work samples, performance tests) for the assessment of relevant characteristics of individuals, groups, jobs, organizations, educational and social institutions, and/or environments.
5. Select, administer, and score norm-referenced, standardized, or other instruments for the assessment of relevant characteristics of individuals, groups, jobs, organizations, educational and social institutions, and/or environments.
6. Evaluate and integrate results of information-gathering and assessment processes with scientific/professional knowledge to formulate/reformulate working hypotheses, diagnoses, and intervention recommendations. Post assessment evaluation and diagnosis.
7. Plan, design, and implement intervention programs (e.g., define goals and objectives, identify appropriate intervention targets and strategies), planning and designing a new program, planning and designing a treatment plan for an individual patient.
8. Monitor and evaluate efficacy of interventions/programs and modify as appropriate.
9. Document and/or communicate assessment results, intervention recommendations, progress and outcomes.
10. In administering a professional practice, design, implement and monitor quality assurance, quality control, risk management and/or other procedures.
11. Provide direct service in a manner consistent with current professional and ethical standards and guidelines and state/provincial and national laws and regulations.

Outreach and Consultation

The preparation, presentation, and coordination of educational programs, and/or the dissemination of information or the provision of expertise to a variety of audiences.

1. Prepare/present/coordinate health promotion programs or workshops (e.g., smoking cessation, parenting, anger control management, informational programs on community psychological services/resources).
2. Prepare/present/coordinate prevention and/or early intervention programs for at-risk populations (e.g., substance abuse prevention, HIV-AIDS education, community programs for the elderly).
3. Prepare/present/coordinate classes, seminars, or workshops for clients, family and significant others, personnel in school systems, medical and allied health care personnel, human resource personnel, and/or the general public.
4. Provide expertise to and/or serve on local/state/provincial/federal agencies (e.g., community outreach program, jurisdictional licensing board, legal system), forensic psychology (e.g., family court, jury selection, adoption, divorce arbitration, negotiation, custody evaluation, disability evaluation, employee compensation evaluations, malpractice suits).
5. Provide expertise to and/or serve on local, state/provincial, national or international professional psychology organizations (e.g., American and Canadian Psychological Associations, American Psychological Society, Association of State and Provincial Psychology Boards, Society for Industrial and Organizational Psychology).
6. Disseminate knowledge of psychology and its value to the general public (media psychology).
7. Provide consultation regarding design, methodology, statistical analysis, and/or significance of reported data and conclusions of a research or evaluation study.
8. Provide expertise to and/or serve on site-specific patient-care, education-related, or research-related committees (e.g., program accreditation, Institutional Review Board, Quality Assurance Committee).

9. Establish and maintain intra- and inter-disciplinary collaborative relationships within institutional settings and with other professionals.
10. Provide education and consultation in a manner consistent with current professional and ethical standards and guidelines, and state/provincial and national laws and regulations.

Academic Preparation and Professional Development

The development, implementation, and administration of education programs for psychologists, including teaching, supervision, and curricula.

1. Prepare/present/coordinate classes, seminars, or workshops for undergraduates, pre- and post-doctoral students, and professional psychologists.
2. Develop/administer/coordinate pre- and post-doctoral practicum, internship, and fellowship programs in human services settings.
3. Develop/administer/coordinate undergraduate, pre- and post-doctoral, and continuing education programs in professional psychology.
4. Supervise pre- and post-doctoral students and professional practitioners to enhance service delivery.
5. Supervise and advise undergraduates and pre- and post-doctoral students on research/evaluation (e.g., honors thesis, dissertation).
6. Provide mentoring for undergraduates, pre- and post-doctoral students, and/or professional psychologists.
7. Provide training in a manner consistent with current professional and ethical standards and guidelines, and state/provincial and national laws and regulations.
8. Participate in professional self-development and continuing professional education designed to enhance professional and personal knowledge and skills.

Research and Evaluation

The development and/or participation in any investigation and/or the use of results to expand or refine knowledge or to improve programs and services.

1. Critically review and appraise existing literature with regard to study design, methodology, method of analysis, and generalizability of results and conclusions.
2. Use the existing knowledge base to formulate clear research/evaluation questions or to guide intervention or program development.
3. Engage in research in a manner that ensures protection of human and/or animal rights, adhering to current professional and ethical standards/guidelines, and jurisdictional and national laws/regulations.
4. Formulate research/program evaluation hypotheses, and design appropriate methods to conduct the study.
5. Collect and analyze data using appropriate methods of analysis (e.g., qualitative, quantitative).
6. Report research findings and implications according to professionally accepted standards.
7. Submit research findings to peer review for publication and/or presentation.
8. Apply research findings in practice, with awareness of strengths and limitations of application; data interpretation.
9. Prepare proposals to funding agencies.
10. Provide expertise to and/or serve in an editorial capacity on professional journals or other refereed publications, or review proposals to funding agencies.

Appendix B
Content Areas Assessed on the EPPP and the multiple-choice component of the
Clinical Child Preliminary Examination
(cited from Association of State and Provincial Psychology Boards <http://www.asppb.org>)

Biological Bases of Behavior (11%)

Knowledge of (a) neuroscience, (b) the physiological bases of behavior and illness, and (c) psychopharmacology. Requires knowledge of:

1. Basic neuroscience (e.g., neuroanatomy, neurophysiology, neurochemistry), clinical neuroscience (e.g., brain-behavior relationships, neurological syndromes and their contribution to cognitive and emotional status and behavior) organic disorders and their symptoms.
2. Physiological correlates/determinants of behavior and affect (e.g., symptoms of common psychophysiological reactions and syndromes, such as hyperventilation, anxiety disorders, depressive disorders, stress reactions, headaches, irritable bowel syndrome).
3. Biological bases of the behavior and affect associated with acute and chronic illness (e.g., post-stroke depression, diabetes, AIDS, asthma, chemotherapy, fibromyalgia, hypoglycemia, schizophrenia). Includes knowledge of psychoneuroimmunology.
4. Basic psychopharmacology (e.g., medication effects, side effects, and interactions). Includes knowledge of drug metabolism, drug categories (e.g., anxiolytics, antidepressants, antipsychotics, anticonvulsants), addictive/dependency potential.
5. Genetic transmission (e.g., the relationship of dominant and recessive genes) and its role in understanding disorders and their behavioral, emotional, and psychosocial manifestations (e.g., Duchenne's muscular dystrophy, Huntington's disease, Down syndrome).
6. Relationship of stress to biological and psychological functioning, with particular reference to lifestyle and lifestyle modification (e.g., cardiac rehabilitation, smoking cessation), psychological reactions to stress, behavioral health, physical or biological reactions to a behavior (e.g., substance abuse, eating disorders).

Cognitive-Affective Bases of Behavior (13%)

Knowledge of (a) cognitive science, (b) theories of learning, memory, motivation, and emotion, and (c) factors that influence an individual's cognitive performance and/or emotional experience.

Requires knowledge of:

1. Cognitive science (e.g., sensation and perception, attention, memory, language and spatial skills, intelligence, information processing, problem-solving, strategies for organizing information).
2. Theories and principles of learning (e.g., social learning, classical and operant conditioning, primacy/recency effects).
3. Theories of motivation (e.g., need/value approaches, cognitive choice approaches, self-regulation).
4. Theories of emotions.
5. Reciprocal interrelationships among cognitions/beliefs, behavior, affect, temperament, and mood (e.g., healthy functioning, performance anxiety, performance enhancement, job satisfaction, depression).
6. Influence of psychosocial factors (e.g., sex differences, family styles and characteristics, academic/occupational success) on beliefs/cognitions and behaviors.

Social and Multicultural Bases of Behavior (12%)

Knowledge of (a) social cognition, social interaction processes, and organizational dynamics, (b) theories of personality, and (c) issues in diversity (multiethnic, multicultural, gender, ageism, sexual orientation, and disability).

Requires knowledge of:

1. Social cognition and perception (e.g., attribution theory and biases, information integration, confirmation bias, person perception, development of stereotypes, racism).
2. Social interaction (e.g., interpersonal relationships, aggression, altruism, attraction).

3. Group dynamics and organizational structures (e.g., school systems, gang behavior, job satisfaction, family systems, group thinking, cultural behavior, conformity, compliance, obedience, persuasion), social influences on individual functioning.
4. Environmental/ecological psychology (e.g., person-environment fit, crowding, pollution, noise).
5. Theories of personality that describe behavior and the etiology of atypical behavior. Includes knowledge of limitations in existing theories for understanding the effect of diversity (e.g., age, ethnicity, gender).
6. Multicultural and multiethnic diversity (e.g., racial/ethnic minorities, gender, age, disability, sexual orientation, religious groups, adverse impact, between-and-within group differences).
7. Theories of identity development of multicultural/multiethnic groups (e.g., acculturation theories, racial/ethnic identity).
8. Role that race, ethnicity, gender, sexual orientation, disability, and their cultural differences play in the psychosocial, political, and economic development of individuals/groups; effects of culture on school motivation.
9. Sexual orientation issues (e.g., sexual identity, gay/lesbian/bisexual, family issues).
10. Psychology of gender (e.g., psychology of women, psychology of men, gender identity development).
11. Disability and rehabilitation issues (e.g., inclusion, psychological impact of disability).

Growth and Life Span Development (13%)

Knowledge of (a) age-appropriate child, adolescent, and adult development, (b) atypical patterns of development, and (c) the protective and risk factors that influence developmental outcomes for individuals.

Requires knowledge of:

1. Normal growth and development (cognitive, social, personality, moral, emotional, and physical) from conception through old age.
2. Influence of culture on normative or age-expected behaviors (e.g., normal age-range, individual differences), how the definition of normative behavior is influenced by culture.
3. Risk factors which predict an atypical developmental course (e.g., nutritional deficiencies, health care, including prenatal care, availability of social support, adequacy of income and housing, poverty, parental alcohol/drug abuse).
4. Interventions to reduce risk factors (e.g., poor health care, nutritional deficiencies, violence), to increase resilience (e.g., protective factors such as care giving, increased social support), competence (e.g., skill building) of individuals living in at-risk environments.
5. Life-event changes that can alter the normal course of development (e.g., injury, trauma, illness, onset of chronic disease or disorder in self or parent, death, divorce).
6. Theories of development (e.g., constructivist theory, social learning theory, ecological theory).
7. How development is influenced by the organism-environment interaction over time (e.g., understanding the relationship between the behavior of the individual and the social, academic, or work environment).
8. Family systems functioning and family stages in life and how these impact on individuals (e.g., family life cycle, parent-adolescent communication, birth of a child).

Assessment and Diagnosis (14%)

Knowledge of (a) psychometrics, (b) assessment models, (c) methods for assessment of individuals and organizations/systems, and (d) diagnostic classification systems and issues.

Requires knowledge of:

1. Psychometric theory and concepts (e.g., measurement, reliability, validity, item characteristics, test fairness, standardization, norms), and test validation procedures (e.g., criterion, predictive, construct, and content strategies; appropriate measurement standards and legal regulations).
2. Assessment models (e.g., psychometric, behavioral, neuropsychological, ecological).
3. Tests for the measurement of characteristics of individuals (e.g., social, emotional, and behavioral functioning; cognitive; achievement; aptitude; personality; neuropsychological; vocational interest), and the adaptation of these tests for use with special populations.
4. Techniques other than tests (e.g., interviews, surveys, naturalistic and structured behavioral observations, history/biographical data, medical evaluations, imaging techniques and laboratory tests) for the measurement of characteristics of individuals.
5. Instruments and methods for the measurement of characteristics of jobs, organizations, educational and other social institutions (e.g., job analysis, job evaluation, need assessment, organizational diagnosis, ecological assessment).

6. Methods for evaluating environmental/ecological influences on individuals, groups or organizations (e.g., organizational frameworks, functional analysis of behavior).
7. Criteria for selecting assessment devices/approaches (e.g., cultural appropriateness, cost effectiveness, relevance to referral concern).
8. Utilization of various classification systems (e.g., DSM, AAMR, SEC, ICD) for diagnosing client functioning. DSM diagnosis; syndromes; differential diagnosis; diagnostic criteria.
9. Epidemiology of associated features of behavioral disorders, base rates of disorders in clinical or demographic populations, comorbidity among behavioral disorders and with medical disorders; comorbidity rates, age ranges affected; associated features.
10. Theory and techniques for the measurement of client changes (e.g., client tracking, patient compliance and progress).
11. Use of computers and related technology in implementing tests, surveys, and other forms of assessment, and use of computer-generated interpretative reports.

Treatment/Intervention (16%)

Knowledge of (a) individual, group, or organizational interventions for specific concerns/disorders, (b) treatment theories, and (c) consultation models and processes.

Requires knowledge of:

1. Treatment planning process, including matching to appropriate treatment (differential diagnosis), efficacy, outcome data. Matching client characteristics and knowledge of efficacy, cost-benefit, outcome research.
2. Theories of treatment (e.g., behavioral, cognitive, cognitive-behavioral approaches; psychodynamic approaches; systems/ecological approaches, humanistic approaches, psychoeducation, time-limited/brief therapy).
3. Treatment techniques/interventions for specific concerns or specific populations (e.g., marital and family, group therapy, crisis intervention, play therapy, feminist therapy, rehabilitation therapy approaches to stress management, remediation and compensation, culturally appropriate treatments and interventions).
4. System theories and system interventions (e.g., change of environment, school system, community interventions, family, job and equipment design, consultation).
5. Organizational interventions (e.g., organizational development, organizational change, performance enhancement/management).
6. Consultation models (e.g., mental health, behavioral, instructional, organizational), processes (e.g., stages, communication skills), consulting to individuals, groups, and organizations.
7. Human resource management interventions (e.g., selection, performance appraisal, training).
8. Theories of career development and counseling (e.g., career assessment, career counseling techniques).
9. Adjunctive and alternative interventions and appropriate referral (e.g., physicians, psychopharmacology, inpatient or partial hospitalization, support groups).
10. Service delivery systems (e.g., education, health, mental health, social services, forensics, business and industry), including the roles of other professionals.
11. Quality assurance measurement techniques (e.g., client satisfaction, goal attainment, organizational effectiveness).

Research Methods (6%)

Knowledge of (a) research design, methodology, and program evaluation, (b) statistical procedures, and (c) criteria for accurate interpretation of research findings.

Requires knowledge of:

1. Research methods (e.g., sampling, instrumentation, data collection procedures), appropriateness of instrument selection, issues of research design.
2. Research design (e.g., hypothesis generation, experimental, quasi-experimental, naturalistic inquiry, group designs, single-case research).
3. Appropriate analytical methods (e.g., qualitative, quantitative, descriptive, inferential, univariate, bivariate, and multivariate, parametric and nonparametric), which analysis is appropriate, interpretation (e.g., causal vs. correlational; degree and nature of generalizability).

4. Criteria for critical appraisal and utilization of research (e.g., technical adequacy, limitations to generalizations, threats to internal, external, construct validity, and design flaws), integration of qualitative and quantitative results, use of research.

5. Program planning and evaluation strategies and techniques (e.g., need assessment, process/implementation evaluation, outcome evaluation, cost-benefit analysis, public health benefit).

Ethical/Legal/Professional Issues (15%)

Knowledge of (a) the ethical code, (b) professional standards for practice, (c) legal mandates, (d) guidelines for ethical decision-making, and (e) professional training and supervision.

Requires knowledge of:

1. APA Ethical Principles of Psychologists and Code of Conduct and/or Canadian Code of Ethics for Psychologists (e.g., confidentiality, research, dual relationships, limits of competence, advertising practices, informed consent, record-keeping).

2. Professional standards and guidelines for the practice of psychology (e.g., APA/CPA Standards for Providers of Psychological Services, AERA/APA/NCME Standards for Educational and Psychological Testing, ASPPB Code of Conduct, ASPPB Model Licensure Act, credentialing requirements for advanced specialties and proficiencies, other published guidelines for special populations such as women and minorities).

3. Pertinent federal, state and/or provincial laws/statutes that affect psychological practice (e.g., laws and regulations relating to family and child protection, education, disabilities, discrimination, duty to warn and privileged communication, commitment and least restrictive care, continuing professional education requirements, practice regulations, licensure regulations).

4. Ethical decision-making process (e.g., resolution of ethical conflicts, integration of ethical principles and legal/regulatory standards).

5. Models and approaches for training and supervision of self and others (e.g., methods for developing and enhancing knowledge in proficiencies and specialties, continuing professional education, professional self-management, clinical supervision, peer consultation and supervision, recognition of self-limits, appropriateness of credentials).