OVERVIEW FOR CLINICAL COMPS (03-17)

NOTE: Generally, as you will see below, the structure and procedures of the 2017 Clinical Comps exam will closely parallel those of recent exams.

Date: March 2017

From: Dan Fishman (Clinical Comps Coordinator)

To: Students Taking Clinical Comps

Subject: Procedures for Clinical Comps

1. CLINICAL COMPS, QUESTIONS 1-4
On the days of the Clinical Comps, July 24 and 25, students will have the schedule below. A question may be answered only during the period in which it is given out. Everyone must take the full one hour lunch break.

On both Monday and Tuesday, people should arrive between 8:30 and 8:45 am. General instructions will begin at 8:45 a.m. for the morning sessions and at 12:55 p.m. for the afternoon sessions.

Summary
9:00 am -- 12:00 noon, Monday, July 25, Question 1 – Clinical Case
12:00 pm to 1:00 pm, lunch.
1:00 pm -- 4:00 pm, Monday, July 25, Question 2 – Child Psychopathology

9:00 am – 12 noon, Tuesday, July 26, Question 3 – Adult Psychopathology
12:00 pm to 1:00 pm, lunch.
1:00 pm -- 4:00 pm, Tuesday, July 26, Question 4 – Diversity

1. Communication About the Comps:

Communications about Clinical Comps will take place via emails that go through the Clinical Comps Sakai web site, which Julie Skorny is setting up. If you have questions about your membership on the site, please check with Julie. As a backup, you can email Dan Fishman, the Coordinator, at: dfishman@gsapp.rutgers.edu. All of Dan’s responses to emailed questions will be sent to the Sakai list, so everyone will have access to these responses and they will be available in the Email Archive on the Sakai site. This Overview document will be placed on the Sakai web site in the Resources section and on the GSAPP Website under Current Students.

2. Faculty Coordinators: The clinical exam will be coordinated by the Dan Fishman.

3. Questions and Courses: see below.

4. Number of Question Options Per Area: see below.
5. **Past Exams:** Questions from past exams and answers to past exam questions will not be available.

6. **“Partial Open Book” Exam.** The only material students can bring to the exam is the *Desk Reference to the Diagnostic Criteria from DSM-5(TM) 5th Edition*, by the American Psychiatric Association (2013), which lists the DSM-5 categories.

***NOTE:*** You can only write notes in the book relevant to the book material itself. You should not write notes as guides to other readings.

7. **Citations in Answers:** For each answer, a few relevant citations of important, published works are expected. For each citation, provide the last name of the first author, e.g. “Fishman,” (if there are other authors you know of, write, “et al,” e.g., “Fishman et al.”); and the approximate year of the publication.

8. **Integrity Statement:** Students must commit to and sign an "integrity statement" for the four questions. A copy of the appropriate integrity statement will be distributed at the end of Question 4. The integrity statement will say:

Concerning Questions 1-4 of the Clinical Comprehensive Exam, I have neither given information to nor received information from others concerning these questions, nor discussed these questions with anyone. This includes information exchanged by cell phones.

I understand that the above sentence is clarified by the following: Before I saw Questions 1-4, I was able to consult any written source relating to the topic and discuss it with any others. However, once I picked up (or saw) the actual questions, I was not able to talk to anyone else about them.

Also, I understand that I am not to share the questions (including the article) with students who will take the Exam in the future, and I promise not to do so.

Finally, if I used electronic textbook material from a Kindle, Nook, iPad, etc., I hereby confirm that I did not use this to access any other material besides the textbook material.

9. **Page Limits:** The page limits for each question, which will be specified on the question, are as follows: "Limit your answer to no more than six pages (10-point) double-spaced."

10. **Time Keeping.** Please bring your own watch or clock for keeping track of time during comps. If you have a watch that beeps, be sure to turn off the beep for the exam so as not to bother other people. We expect folks to be attentive to time without excessive help from staff.

11. **Cell Phones:** Cell phones must be turned off during the exam, although they can be used before the exam begins, during the lunch hour, and after the exam. They cannot be used at any other time during which the exam is taking place.

12. **iPod and related musical devices:** Ipod and related musical devices with earphones only are allowed as long as they are only used for music and not for any verbal or written material.

13. **Faculty Presence:** A faculty member will be available (in-person or by phone) at the start of each session of the in-class exam to answer questions about the content of questions.
14. **University Computers Only:** Students may not use their own computers for the in-class exam. Only computers supplied by the university can be employed.

15. **Grading:**

1. Faculty graders will be assigned by Dan Fishman and Jamie Walkup. Criteria for assignment will be expertise as well as overall workload. To insure proper grading, be certain to provide the information requested for each answer so that it can be properly used in assigning graders to your exam.

2. The full details of grading procedures are provided in the Blue Book. Briefly:
   - If an answer is graded 1, 2, or 2.5 by the first reader, it is satisfactory.
   - If an answer is graded 3 or 4 by the first reader, it is read by a second reader. If the second reader confirms the first and grades a 3 or 4, the answer is unsatisfactory. If the second reader grades a 1, 2, or 2.5, it is read by a third reader. The third reader’s grade determines whether the answer is satisfactory or unsatisfactory.
     a) All four questions graded satisfactory: pass the exam without remediation.
     b) One question only graded satisfactory, written retake of entire exam at a regularly scheduled comps testing date in the future.
     c) Two (or three) questions graded satisfactory, two (or one) responses graded unsatisfactory:
        i) For each unsatisfactory question that is graded 3&3 or 3&4 by the two readers, the question has to be remediated with an individual faculty member.
        ii) For each unsatisfactory question that is graded 4&4 by the two readers, the question requires a written re-take at a regularly schedule comps testing date in the future.

3. The faculty will aim to complete the grading by mid-October. All students will be notified of their individual results by letter at the same time.

4. Faculty graders have a space for comments in addition to assigning number grades to each answer. These comments, together with the original answers, will be available for review by the student after all the grading is completed. The graders sign their answers.

5. The student answers do not have names on them. Thus the faculty grading is done without knowledge of who the student is.

17. **More About the Questions – see below.**

18. **Comp Boxes:** “Comp Boxes” consist of material that past students have put together to study for the Clinical Comps. Some faculty believe that using comp boxes is not necessary and may even be distracting. Faculty encourage the use of reading lists from relevant courses as listed below.

19. **Comps Groups:** “Comps Groups” are self-created groups of students who work together to prepare for Comps. While many students prefer them, other students prefer to study on their own.

21. **Outline of Content:** The student will be asked to answer 4 questions, one drawn from each of the following domains (see details below):
(1) Clinical Case  
(2) Theoretical and Empirical Foundations of Child Psychopathology  
(3) Theoretical and Empirical Foundations of Adult Psychopathology  
(4) Theories of Cultural Diversity and Their Impact in Clinical Work  

Note: There will only be one question for each of the four areas.

<table>
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<tr>
<th>DOMAIN</th>
<th>RELEVANT COURSES</th>
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<tr>
<td>1. The Clinical Case. Analyzing a clinical case and creating a case formulation from only one of the following: a psychoanalytic, cognitive-behavioral, or family systems theoretical perspective.</td>
<td>Psychoanalytic courses, cognitive-behavioral courses, or family systems courses.</td>
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| 2. Theoretical and Empirical Foundations of Child Psychopathology  
This question focuses on selected categories of psychopathology in children, and looks at them in depth from a variety of perspectives. The child areas are:  
1. ADHD  
2. Depression  
3. Separation Anxiety Disorder  
4. Oppositional Defiant Disorder  
5. The Autism Spectrum  
You are expected to know about each of the 5 categories from the following 5 perspectives:  
a) Provide the DSM-5 diagnostic criteria for the disorder.  
b) Describe common symptoms and clinical manifestations in thought, feelings, and behavior.  
c) Describe common etiological theories for the disorder.  
d) Review developmental aspects of each disorder, including:  
   1) Describe how development affects the disorder, and how the disorder changes over time  
   2) Describe the factors that can change a child’s trajectory, such as risk and protective factors that may be related to the development of the disorder and/or a better or worse outcome.  
e) Describe the essential data to collect for making a diagnosis. | Child Psychopathology |

**NOTE:** There will be no choice of disorder in answering this question. You will be expected to be knowledgeable about all 5 areas (a-e) for each of the 5 disorders.
### Domain: Empirical Foundations of Adult Psychopathology

This question focuses on selected categories of psychopathology in adults, and looks at them in depth from a variety of perspectives. The adult areas are:

1. **Schizophrenia**
2. **Panic Disorder**
3. **Bipolar Disorder**
4. **Major Depression**

You are expected to know about each of the 4 disorder categories from the following 4 perspectives, as they are relevant to the particular type of psychopathology.

(Note that it will not be sufficient simply to cite information relevant to each heading, inasmuch as good answers should also reflect sound judgment regarding the importance, value, and significance of the evidence cited.)

- **a)** Epidemiology, including information on incidence, prevalence, socio-demographic and clinical predictors, historical trends, and any relevant cross-cultural variation.
- **b)** Theories of the etiology of the disorder, and/or mechanisms/processes underlying specific symptoms.

Etiological responses can include data bearing on a range of risk factors and determinants, including psychological, social, developmental, genetic and biological points of view. Symptom explanations can include experimental human and animal studies and empirically-supported analyses of processes. (Treatment research should be included *only* when it directly bears on etiology and/or mechanisms/processes responsible for symptoms. Citing general “horse race” outcome studies will not be viewed as responsive.)

- **c)** Diagnosis: How the category is represented in DSM-5. Important symptom features and subtypes. Differential diagnosis. Any important contemporary controversies around diagnosis.

- **d)** Clinical features of the category, including nature and timing of onset, usual course and deviations from typical course, prognosis (including factors known to influence prognosis)

**NOTE:** There will be no choice of disorder in answering this question. You will be expected to be knowledgeable about all 4 areas (a-d) for each of the 4 disorders.

### Domain: Theories of Cultural Diversity and Their Impact in Clinical Work

This question focuses on theories of diversity and how they might impact on the assessment of and intervention with clinical problems, including relevance to one’s own diversity characteristics.