
**EDUCATIONAL PSYCHOLOGY 381
ADULT ASSESSMENT IN COUNSELING PSYCHOLOGY
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COURSE PURPOSE AND OBJECTIVES

This course is the first of a two-part sequence in psychological assessment. It is designed to introduce doctoral-level students in counseling psychology to the fundamentals of objective assessment. The following assessment techniques will be reviewed in this course: diagnostic interviewing, intelligence testing, achievement testing, objective personality testing, interpretation of assessment data, writing integrated reports, providing feedback, and making appropriate referrals. Cultural and ethical considerations will be emphasized as well.

Students who successfully meet the objectives of this course will be prepared to conduct adult psychological assessment in supervised practicum. The outline of the objectives are as follows:

- Students will be able to successfully administer, score and interpret the following objective instruments: WAIS-IV (and WAIS-III), WISC-IV, WIAT-II, MMPI-2, MMPI-A, PAI, MCMI-III and have significant familiarity with other measures such as the BDI, SCL-90, NEO PI-R, VIP, TOMM, WRAT-4, WASI, PIY, PIC, among others.
- Students will learn to conduct clinical interviews and mental status exams.
- Students will be able to integrate this information into report format using writing skills commensurate with graduate level work.
- Students will be able to educate themselves on psychological instruments by learning to utilize appropriate reading materials, professional articles, and testing manuals when needed to understand an instrument better.
- Students will be able to provide feedback to examinees.

Texts and Materials

Greene, R.L. (2010). MMPI-2/MMPI-2-RF, An Interpretive Manual, 3rd Ed. Prentice Hall. **(required)**

Kaufman, A. & Lichtengerger, E. (2009). Essentials of WAIS-IV Assessment. New York: John Wiley & Sons. **(required)**

Sattler, J. M. & Dumont, R. (2004). Assessment of Children: WISC-IV and WPPSI-III Supplement. La Mesa, CA: Jerome Sattler. (optional, recommended for those wanting to specialize in child assessment).

Sattler, J. M. (2001). Assessment of Children: Cognitive Applications. San Diego, CA: Jerome Sattler. (optional, recommended for those wanting to specialize in child assessment).

Sattler, J. M. (2002). Assessment of Children: Behavioral and Clinical Applications. La Mesa, CA: Jerome Sattler. (optional, recommended for those wanting to specialize in child assessment).

WISC-IV and WAIS-IV manuals.

Anything on Blackboard.

**Any of the “Essentials” books are great to get. I recommend the ones on PAI, MMPI, WAIS, and WISC. They are relatively inexpensive (just small paperbacks) and you can get them on Amazon.com.

Workload and Expectations

This class requires an enormous amount of time. In graduate school, there are a handful of “rite of passage” courses. This is one of them. I have “randomly” surveyed a number of my colleagues about some of their most difficult courses in graduate school. Here are some of their responses:

“We had to read 300 pages a week on single case design and the professor would randomly call people’s names and quiz the student orally on specific aspects of the readings in front of the rest of the class. Your answers to these questions were part of your final grade. This was not only the evaluation technique used in the class. There were also a number of assignments, exams, and a research paper due.”

“In our psychopathology class, it wasn’t necessarily the amount of reading we had to do that was difficult (although it was a significant amount) but the exams were cumulative throughout the semester. Everything was fair game. There were no study guides or review sessions. By the final exam, anything and everything could be on the exam and it took the entire 3 hours to take: multiple choice, short answer, and essay.”

“School Psychology Interventions. We just had to read a ton. There were probably 1000-1500 pages of outside reading that fit into a 5” binder. This was in addition to a couple of textbooks that we had to get through by the end of the semester as well.”

My point here is that not all of your graduate school courses are going to be subjectively graded seminar courses. Based on previous classes, it is likely that at least 1/3 of the class will not earn an “A” in this class. It is important that you take this course seriously. Graduate school is not an extension of undergraduate classes. It is an entirely different level of training that involves an entirely new level of commitment on the part of the student.

Traditionally, counseling psychology programs focus somewhat less on assessment than other psychology specialties like clinical or school psychology. For example, my training (with a Clinical Master’s degree) included one general assessment course and four specific psychological assessment classes (Wechsler and related achievement/cognitive instruments, Stanford Binet and related achievement/cognitive instruments, Objective Personality Assessment, and Projective/Rorschach). However, this program only has two: Rorschach, which you will take next fall, and this course. So there is a great deal to learn in a short period of time and as a result, there is a significant amount of work in this class. While I am open to feedback about ways to present material differently, the types of things you would like to learn about in the area of assessment, etc, I am not open to feedback about decreasing the workload. In order for you to get the experience and education you need in this area, you are going to have to practice a great deal and it is up to you to find people to practice on and the time to do it. There is an enormous amount of information to cover in this class in order to get you to

minimum standards for your future practicum and professional experiences. I have worked hard to read and summarize a lot of information for you so that your reading requirements are manageable. However, test administration and report writing will still require an enormous amount of effort and significant amount of time. It is important that you plan ahead accordingly so you will not get behind.

Another thing to consider is that psychological assessment is the one thing that psychologists can do that no other mental health professional can do (psychiatrists, social workers, etc). This equates to having a marketable skill once you have graduated (which equates to money!). This is where you start to learn these skills, practicum will give you more practice, and internship is where you will refine these skills. It is to your advantage to take this seriously from the beginning.

Attendance

Psychological assessment is probably one of the most important courses you will take as a Ph.D. student in psychology. No other mental health profession is trained or licensed to do assessment – only psychologists. Therefore, it is extremely important that you are competent at the practice of assessment.

It is difficult to be competent in assessment if attendance is sporadic, you are frequently late, or you do not actively participate in class. Do not miss class, do not be late for class, and return from breaks promptly. The only exception to this is illness. Missing class for an illness is acceptable, but I expect to be notified in advance of the absence either by phone or email. Please do not come to class if you are ill. I do not want to get sick this semester, nor do your classmates. If you have an illness that persists for more than a week, we need to have a phone conversation and make sure you are okay and taking care of yourself. More than one absence may necessitate repeating the course. However, more than one absence due to illness will require a doctor's note. Because this is a primary competency, if you are absent for foreseen circumstances (conference, religious holiday, etc), I expect you to make arrangements to have the class video or audio taped, I expect you to review this tape, and to provide me a summary to demonstrate that you have absorbed the material.

Professional Responsibility

Students are expected to maintain the highest level of professional responsibility with respect to work at their practicum site and in fulfilling course obligations. Students will receive prompt feedback about any areas of deficiency with respect to this standard. Professional responsibility includes, but is not limited to, using appropriate interventions with clients, exercising ethical behavior, following supervisory advice, meeting all requirements in the course, and demonstrating respect for clients, supervisors, co-workers, and fellow students.

Students with Disabilities

If you are a student with a disability and may need accommodations, please see me at the start of the semester. You are also advised to register with the Office of the Dean of Students (Students with Disabilities). Official documentation is needed for us to ensure appropriate accommodations. If you are a student with other concerns (e.g., English as a second language; child care), please see me at the start of the semester. There may be an opportunity for adjustments to be made in order to best accommodate you. You are still expected to complete all requirements.

Testing Materials

A limited number of test materials are available for us to use. It is therefore important that students plan in advance for all assignments. While an effort will be made to coordinate the check out and use of these materials, students must also be respectful to each other. You should only check out material that will be used within a reasonable time frame (under 6 hours). When possible, avoid keeping materials overnight unless you are taking the materials at the very end of the day and returning them by 8:00am the following morning. There is a sign out and reservation sheet in the counseling psychology suite that you **MUST** use when checking out testing kits and materials that Nicole manages. These materials are extremely expensive. Therefore, signing them out in your name places you responsible for these items. It is to your advantage **NOT** to give testing material to another student without also making sure it is signed back in under your name and signed out under their name. In addition, the sign out system is essential for keeping up with materials. We have had incidents in the past where test kits have been stolen. If it is discovered that you have taken testing materials out of the suite without checking them out under your name, this may be considered academic dishonesty and dealt with appropriately. You can get all materials from our testing closet and check them out through Nicole.

Academic Dishonesty and Ethics

There are a number of ways to ‘cheat’ as a student. In a class like this, there are several different types of academic dishonesty that will be scrutinized in this class. One type is faking protocols. This entails the student not administering the test to an examinee and instead forging answers on the testing booklets and ‘making up’ a subject and writing a fictitious report based on this information. The second type of cheating is coaching your examinee. This includes telling your examinee to tap out early on their answers so that the testing session will not last as long as it would had the examinee given their best effort. A third is to copy other’s work in your test calculations. I consider all of these serious offenses. Trying to get out of work in this manner is not the behavior of a student committed to graduate work and these offenses will be interpreted from this perspective. And yes, I have caught students doing each of these things, so don’t think you will be able to sneak under the radar.

As the professor, I reserve the right to address any act of academic dishonesty with one of the following possible consequences: 1) You will get a **“C”** for the course, requiring you to retake the course again; 2) You will get an **“F”** for the course, requiring you to retake the course and requiring the graduate school to place you on academic probation; 3) You will get an **“F”** for the course and I will pursue your **expulsion** from the program.

Protected Tests

Most of the tests you will use in this class are considered “protected tests.” You will never (or should never) see items from these tests in undergraduate textbooks, in magazines, on TV, or on the internet. You should not show your partner, family, or friends not in a graduate psychology program any part of these tests (unless you are administering a test to them). If for some reason, they will need to take these tests at some point in the future, showing them these tests will compromise the validity and reliability of the test with that person. That is why practicing on other graduate students is optimal, particularly at first. However, when you test anyone, you need to make sure to the best of your ability that these people will not need to be tested anytime soon (i.e., don’t test a kid you know is in special ed, or an adult currently in psychiatric or psychological treatment) **AND** inform the person or parent ahead of

time that this is for practice for graduate school and because of that, you will not be able to give them feedback on the results of the assessment (see consent form).

Course Requirements

This course is time intensive. Most of your time will be spent practicing and honing your assessment skills. However, when there are reading assignments, they are to be read before class period. Often, readings might be assigned the week prior in class and not outlined in your syllabus. These readings are just as required as those assigned earlier in the semester. Taking notes on some of what you read might help you in your assessment practice and report writing.

Paper Format: Writing assignments are expected to be of the highest quality. We will spend time in class identifying good writing and learning how to write reports. Each paper should be typed, single spaced, 1-inch margins, Times-Roman, Arial, or similar, 12-point, black font. Please see **and follow** explicitly examples provided by me or the TA.

Assignment Deadlines: Except for your real client at the end of the semester, all assignments are due on the date indicated on the syllabus. Because this class goes very fast, it is important for you to turn your assignments in on time so you can get the feedback you need to correct any habitual errors in time to turn in your next assignment. For your real client, you will be assigned this client in plenty of time to complete your assignment. Please make sure you make appointments with your client and plan accordingly. Do not put these appointments off. All meetings, including the feedback session need to occur by the time classes are over. You will receive a **5-point** deduction for each day your assignment is late.

Grading and Learning Curve: You will submit your reports electronically to me and the TA by email as a Word attachment the morning of the class period they are due. You will bring your protocols to class and turn them in then. In most cases, I will grade your reports using the “track changes” function in Word and then email the document with the changes and your grade back to you. The TA will be reviewing your protocols and making comments and corrections on them, as well as assigning grades. The TA typically goes over these protocols with a fine tooth-comb. It is expected that you will **integrate** the feedback provided on both the protocols and the reports returned to you. Repeated errors of the same nature will cost you more points deducted on future assignments. Please see the grading rubric below. Initially, there will be some leeway in the grading of reports and protocols. As the semester progresses however, the same errors will cost you more points. In addition, certain skills should be grasped early on. These skills are not as much difficult as much as they primarily require attention to detail and a high level of conscientiousness about the task at hand. As the semester progresses, lack of attention to this detail will also be more costly to your grade.

Grading Rubric:

- 1) Check your work. Many of the mistakes made on your protocols are because people do not check their math, they use the wrong table, or they do not check the manual scoring close enough. All of these things can be checked again after administration and scoring is completed to make sure they are done right. In this example, untreated OCD is a good thing.
- 2) The first time you make a mistake, the TA will deduct the number of points designated in the chart below. If you make the same mistake again in subsequent assignments, twice as

many points will be deducted. If you make it again, three times as many and so forth. It is assumed if you keep making the same mistakes, you are not reviewing the feedback from your homework and integrating it accordingly.

- 3) Scoring errors: Because some of the scoring can be subjective, the TA will only deduct points if it is clear from the manual that you have failed to score an item correctly. For example, on the WAIS, one question reads: Tell me what winter means. A 2 point answer in the manual states: Cold time of year, but a 1 point answer states: Cold weather. If the response was “Cold weather” but you assign a “2,” a point will be deducted. But often subjects will ramble on, eventually getting out an answer but it isn’t as clear-cut as the answers in the book. In these cases, the TA will simply write in whether or not he/she would have scored it differently and why, but he/she will not deduct points if the response is not clearly in the manual.
- 4) While scoring errors can be a matter of clinical judgment and are admittedly the hardest to hone, I am a little more lenient about grading these errors. However, I see most of the other errors as attention to detail -- checking your work types of things. That is why the grading is more stringent for these errors.
- 5) If you catch a mistake on one of your protocols too late (after you have administered the test for the administration assignments, etc), then just make a note of that on your protocol and points will not be taken off. This is meant to be a learning experience, so showing that you are paying attention throughout the process, not just during administration but also after, is to your advantage. This will make more sense as the course gets started.
- 6) If you receive a protocol back with several errors and you fear you may have made the same errors on the protocol you are getting ready to turn in, you may delay turning in your protocol by a day in order to review it and make the important changes or notations. Again, if it is something you cannot change (like something you should have queried during administration, but didn’t), just write a note on your protocol to that effect. Other errors (like addition errors, using the wrong table, etc) I expect to be corrected, not just noted.

Adding errors	2 points
Scoring errors; failing to query	1 point
Not filling in blanks w/responses	2 points
Not coloring in the blocks	2 points
Not filling in completion time; adding scores, etc	2 points
Not filling in parts of the score conversion or discrepancy analysis page	3 points for every section not filled out
Using the wrong table in manual	2 points

I want to add, the TA checks in with me frequently about the grading. In addition, the he/she is available during his/her office hours and by phone and email if needed. Utilize the TA’s expertise. The TA took this course previously (and clearly survived) and has been doing an enormous amount of testing in the field since then. I say this so that there is no confusion: The TA is not the person to displace your anger on to if you are not getting the grades you expect to get. Do you work well, check it often, and you will have no problems. If you are concerned about your grades, please feel free to meet with me and we can look over and discuss what some of the roadblocks might be for you.

Proactive learning: Finally, one of the goals of the class is for you to be able to look up information you need in the manuals and texts provided to you. As the semester progresses, I will not spoon feed

this information to you. I will expect you to take the initiative and look up any information you need to know to complete the assignment. I am giving you an enormous amount of reference material from which to do this. This is reference material that I am sparing you from having to look up yourselves. Please take advantage of it. This is good practice because once you have completed this course and you are out in the field on your own, you will be able to administer just about any standardized, objective test because you will know how to look up, read, and understand the information you need to use the test. If it were up to me, this class would be three classes, so I am trying to fit an enormous amount of material into one class. One thing I am trying to teach you to do here is self-educate – know how to search for answers on your own and when to ask questions after you have exhausted your efforts. As the saying goes: Give someone a fish and feed them for a day. Teach someone to fish and feed them for a lifetime.

ASSIGNMENTS

Observation Paper

REQUIREMENTS: On the first day of class you will be assigned a person you are going to ‘observe’ on that day of class. You are not to notify this person that you are observing them, you are just to watch them periodically in class. Using this observed information, you will then write a two page (not a page and a half, etc), double-spaced, typed paper on what you observed and what conclusions you have made as a result of that observation. When you turn in the assignment, the person you observed will have the opportunity to read your paper and make remarks about the accuracy of what is written. Therefore, do not write your name on the paper. Place a 4 digit code (that you will tell me) and the name of the person you are observing at the top of the paper.

GOAL: The goal of this exercise is to be able to distinguish the difference between an “observation” and an “inference.” Often people will write psychological reports making definitive statements about one’s psychological presentation based solely on inference without giving any behavioral observations as evidence of this inference. For example, indicating that someone is “depressed” can be interpreted by the reader that the person has clinical depression. Instead, it is more appropriate to indicate “depressive symptoms” and indicate what those look like behaviorally such as “flat affect,” “reported episodes of unexplained crying,” etc.

DUE DATE: This paper is due the following class period.

SUBMISSION: You will bring two copies to class. One for the person you are observing to read and one for me to grade and return to you.

POINT CREDIT: This is a credit/no-credit assignment. If you receive no-credit, you will have to repeat the assignment until it is satisfactory.

REMINDERS:

Have you justified your inferences with behaviors?

Practice Scoring Assignments (3)

REQUIREMENTS

You will be given **three** sample protocols that have been already administered – one each - a WAIS-IV, WISC-IV, and a WIAT-II. Your assignment is to score these, by hand, accurately using the respective manuals.

For anyone who makes less than a “B” on this assignment will need to do an additional assignment and make a “B” or better.

GOAL: The goal of the assignment is to learn to hand score the main cognitive tests in the field. Although computer scoring is available for these tests, many practicum sites do not have computer scoring. In addition, learning to do this with these tests will enable you to hand score most other tests as you will have a sense as to how it is done.

SUBMISSION: Bring the protocol to class to turn in. See schedule below for dates.

REMINDERS:

Make sure your name is on everything.

Re-check your calculations.

Don't forget to add the first few items if they weren't administered.

Practice Administrations

You will not get a grade for practice administrations and you are on your own in terms of practicing with enough people to help you be able to master the cognitive tests we are learning for this course. However, I do want to keep track of how often you are practicing throughout the semester for my own benefit and supervision of your work. *SO, FOR ALL PRACTICE ADMINISTRATIONS, YOU MUST TURN IN BOTH THE 1) CONSENT TO PARTICIPATE IN TRAINING AND 2) LIMITS OF CONFIDENTIALITY FORMS WITH YOUR PROTOCOLS IN ORDER TO HELP ME KEEP TRACK OF THIS DATA.* This will help me determine whether or not you will be assigned a final examinee at the end of the semester and may help me with grading if your final grade is “on the line.”

Administration Exams (2)

REQUIREMENTS: You will be required to administer either the WISC-IV or the WAIS-IV (your choice) AND a WAIT-II to the TA.

GOAL: To make sure you are ready to move on to the next step in the process: working with “real” clients.

PROCESS: You will administer the test to your subject (the TA) and we have a list of things we are checking off to make sure you do correctly. You need to have administered this to plenty of people, **on your own**, prior to your midterm for practice. Do not think that you can wing this by studying it overnight. This is a practice makes perfect exercise and you need to be as perfect as possible on this in order to pass. I would estimate that administering these tests to others about 7-10 times will get you about where you need to be. However, the extent to which you practice and make your performance perfect is up to you. We will be looking for ways to trip you up: when to query, when to correct, can you repeat the questions or not, etc. So in order to do well, you need to practice administering it AND READ THE MANUAL. Reading and adsorbing the manual is just as important as practicing.

POINT CREDIT: You need to make a “B” or better on these exams. If you receive less than a “B”, you will need to retake the exam until you make a “B.”

DUE DATE

You will schedule this exam with the TA at a mutually agreed upon time. Reserve at least 30 minutes for the exam. These need to be completed in plenty of time before you are scheduled to test your “real” client.

Self-Administration Assignments (4)

In addition, administer your own MMPI, MCMI, PAI, and NEO PI-R and have them done for the day that we talk about these in class. Score each of these. (I will just look to see they are done in class, I won’t read them!). 5 points each (20 points total)

Practice Integration (2)

REQUIREMENTS: You will be provided the raw data, history, and interview data of a fictitious client. You will need to write an integrated report that represents this data.

GOAL: To prepare you to complete an accurate, ethical report for your real client.

PROCESS: The data provided will represent two different kinds of evaluations. One will be a special education evaluation (either an LD or ADHD evaluation) and the other will be a diagnostic evaluation that will include a summary of personality data to be integrated into the report. You can choose which of these you would like to do for your assignment, depending on whether you see yourself as focusing on cognitive issues in your practice or personality issues. If you do not do well on this assignment, you will be required to go the other one as well.

Exam

REQUIREMENTS: The exam will test your knowledge of the material covered in the class and what is contained in the study guide. The exam will be closed book.

GOAL: To make sure you know basic information about the material in class without having to refer to resources materials. This will help prepare you for practicum and internship interviews. This will also help test your writing skills “on the fly.”

PROCESS: You will be provided a study guide three weeks before the exam. You will have 2 hours to take the exam during class time. The exam will comprise a variety of test formats – short answer, multiple choice, essay, etc.

Final Report

REQUIREMENTS:

If your grades are good enough, you will be asked to conduct a full psychological assessment on a member of the community. I reserve the right to not have you do this assignment if I believe you are

not able to perform this assignment adequately. I may ask you to complete this with another classmate depending on how many clients we have to go around. You will need to meet with the client several times, assess what the referral question is, and select the appropriate instruments to administer. I'm happy to (and would prefer to) consult with each of you about which tests you select.

You will administer the following to the same examinee: Clinical Interview; Mental Status;

Your choice of: Wechsler Adult Intelligence Scale–IV (WAIS-IV) or Wechsler Intelligence Scale for Children –IV (WISC-IV);

Your choice of: Minnesota Multiphasic Personality Inventory-2 (MMPI-2) or Minnesota Multiphasic Personality Inventory-A (MMPI-A)

Your choice of: Millon Clinical Multiaxial Inventory-III (MCMI-III); Millon Adolescent Clinical Inventory (MACI); Personality Assessment Inventory (PAI); or Personality Assessment Inventory for Adolescents (PAI-A).

Your choice of an additional assessment, which will depend on the referral question: (for example, BDI, NEO PI-R, WIAT-II, PIY, etc)

GOAL: The goal of this assignment is to beginning to become familiar with selecting, administering and interpreting these tests as well as writing integrated reports with a real client.

EXAMINEE: Examinees will be assigned to you by the TA. Always be mindful, this is someone who is either receiving or in need of psychological services. I am your supervisor for this assignment and as such, you are operating under my license and are required to follow any instruction I might give you. Please notify me via cell phone immediately if you believe your client is actively suicidal, homicidal, been abused or any other issues that require immediate attention. Keep in mind all of this information is confidential and when discussing the client in consultation with other students in the case, please be mindful of this and do not use real names. Keep their files in a secure place (do not leave them in your car, for example and above all do not discuss your case with anyone outside of the class.

SUBMISSION: Bring the protocols clipped together to class. Make sure your name is on everything. Email the report as an attachment to the instructor's email address.

REMINDERS:

Remember to use initials only for examinees in the report and on the protocols.

Don't forget your basal and ceiling levels.

Re-check your calculations.

Don't forget to add the first few items if they weren't administered.

Don't forget the consent form.

Report:

You will write an integrated report with the following headings and including the following areas:

Identifying Information

Reason for Referral

Behavioral Observations

This includes mental status information

Background Information

Follow the clinical interview format

WAIS-III or WISC-IV

List IQ and index scores as well as standard scores for the subtests. No raw scores needed. Also list percentile ranks. Write in table form; General information about FSIQ, PIQ, VIQ; Summary of indices; Discrepancy analysis results; Strengths and weaknesses; Don't just list these scores, explain what they mean in terms of the client's cognitive functioning

MMPI-2 or MMPI-A

List standard scores for validity and clinical scales using the numbers for the scales, not the names; Talk about the elevations only; Then discuss elevations for the content scales, supplementary scales in separate paragraphs. In the final paragraph, support your working hypotheses with some of the critical items.

MACI, PAI or MCMI

List the standard scores for validity and clinical scales in table format. Discuss elevations only.

Other Instrument

List score and briefly describe the client's level of scores. If doing the WIAT-II, complete as done in previous assignments.

Integration and interpretation

Recommendations

NOTE: FOR YOUR FINAL REPORT, YOU MUST HAVE YOUR EXAMINEE SIGN THE 1) LIMITS OF CONFIDENTIALITY FORM AND THE 2) INFORMED CONSENT FOR EVALUATION FORM IN ORDER TO GET CREDIT FOR THE ASSIGNMENT.

Consultation Presentation

REQUIREMENTS: You will present a 30-minute presentation to the class on your assessment client. Have a handout with the scores of your participant on it for everyone in the class. Use overheads and/or powerpoint and take about 15 minutes to explain the background of your client and the highlights of the protocol, followed by your hypotheses based on this data. Leave the remaining 15 minutes for questions from the class and alternative hypotheses. This is a quick and dirty "rounds" type of consultation.

GOAL: The goal of the assignment for the presenter is to practice your presentation skills as well as learn how to solicit feedback from your colleagues on aspects of your case you may find difficult to understand. The goal of the assignment for the class is to see how other people are interpreting their protocols and also to be able to use your assessment skills 'on the spot.' The class will be responsible for being able to generate alternative hypotheses, ask intelligence questions, and integrate information on the spot. You will be able to have your reference materials with you of course in order to do this. This should be a completely collaborative experience.

SUBMISSION: You will bring handouts for your fellow students as well as overheads or use powerpoint. You should bring your powerpoint presentation on a USB stick so that we can get it on the computer.

PRESENTATION TIPS:

Slides and overheads are easier for the viewer when information is bulleted and large enough to read. In other words, don't write a long narrative on a power point slide. You might bullet parts of your narrative, and then talk about it aloud to the class. Feel free to put up overheads (or PDF in powerpoint) of profile pages, computer profiles, etc, to give the class a visual look at your results. Do not put any identifying information in your presentation (i.e., name). Use initials.

POINT CREDIT

30 points

DUE DATE

Last two days of class

TENTATIVE SCHEDULE

January 16	Introduction to Assessment Syllabus Assign person for observation assignment Introduction to the testing closet and computer scoring (if time) administration of WISC/WAIS
January 23	OBSERVATION ASSIGNMENT DUE Introduction to the WISC-IV/WAIS-IV administration, scoring, interpretation
January 30	SCORING ASSIGNMENT #1 DUE WIAT-II administration, scoring, interpretation Special Education/Cross Battery Assessment
February 6	SCORING ASSIGNMENT #2 DUE TBA – catch up
February 13	SCORING ASSIGNMENT #3 DUE Clinical Interview/Mental Status/Writing Reports
February 20	Catch up Answer questions; review interpretation Ethics
February 27	BRING SELF MMPI CLIENT ASSIGNMENT MMPI-2/MMPI-2-RF/MMPI-A
March 6	BRING YOUR SELF PAI, Response style and validity PAI

March 13	SPRING BREAK
March 20	ALISSA OUT OF TOWN FOR CONFERENCE ADHD Assessment; Guest Speaker PRACTICE INTEGRATION #1 DUE (SEND VIA EMAIL) ADMINISTRATION EXAM
March 27	BRING YOUR SELF MCMI, AND NEO MCMI-III NEO PI-R Hand out study guide
April 3	PRACTICE INTEGRATION #2 DUE IF REQUIRED (SEND VIA EMAIL) Building a Private Practice Forensic Assessment
April 10	Neuropsychological Assessment Therapeutic Assessment for client feedback
April 17	FINAL REPORT DUE IN CLASS EXAM
April 24	CASE CONFERENCE
May 1	CASE CONFERENCE

Testing Participants

Getting appropriate testing participants is a complicated issue in this class. While it would be ideal to not use people you know personally, I will leave that judgment up to each of you. Before you test anyone you know personally, or before you let someone else test you, ask yourself a few important questions:

- How you will feel about knowing this person's IQ scores and personality profiles?
- How does your participant feel knowing that you will know this information?
- How does your participant feel knowing that you cannot give them feedback about this information?
- What would you do if your results indicated a psychological problem about someone that you know?
- Do you think this person otherwise "needs" a psychological assessment?

To prevent some problems, it is important that examinees must be non-clinical volunteers. These may be other graduate students, undergraduate students, friends and acquaintances. These people have to option to role-play their examination (and are encouraged to do so) but not required. Towards the end of the semester, I may ask some of you to provide "real" psychological testing for some people in the community. In these cases, we will be providing feedback to these clients and they will be conducted under my close supervision, using my professional license. In other words, these will be 'for real!'

It is important not to test people who would otherwise need a psychological assessment (people with suspected disabilities, people under the care of a psychologist/psychiatrist for example). It is also important that you agree NOT to provide feedback to people you test. There are two important reasons for these restrictions. First, these are objective tests that require standardized administration. The first several times you give the test, you will make mistakes in the standardized administration process. This is normal and to be expected. However, in the theory and practice of psychological assessment, deviation from standardized procedures spoils the test and makes the test invalid. I can't tell you how many 1st, 2nd, and even 3rd, protocols the TA and I have graded where the participant's IQ score is calculated at 85, when its actually (when errors are corrected) 120! Rest assured however, the learning curve is fast. In addition, you haven't had enough experience to make some of the clinical judgment decisions often required on the spot for psychological assessments. Therefore, administering a psychological test battery to a member of a clinical population may potentially provide inaccurate information on which treatment planning will be based. Waiting until you have gotten more used to the administration procedure (when you get into practicum) will minimize this threat, especially in situations where such testing might become part of a person's permanent record. Both of these are reasons not to use clinical volunteers AND not to provide feedback to a particular volunteer without my expressed permission ahead of time.

IF any of you have someone that would like their results, and has a good referral reason to obtain them, I will consider, in SOME circumstances, this practice. In order for this to occur, these volunteers need to be one of your last assessment assignments (so you will have had plenty of practice), not be a friend or relative (you do not need to know this type of sensitive information about someone you know), I will supervise your work using my professional license, and we will provide feedback to the volunteer together in a feedback session. If this is an option you foresee, you need to clear it with me first, before you commit to the volunteer.

Make sure you have written consent from anyone you test prior to testing. Details for this procedure will be outlined in class and the form is provided here in this syllabus. This written informed consent will highlight some of the concerns discussed here including that you are not able to provide feedback and that the participant has the right to role-play in order to conceal their actual test results.

Point Structure

Assignment	Points	Total Points
Observation Paper	CR/NR	
Practice Scoring Assignments	20/ea	60
Administration Exams	50	50
Self-Administration Assignments	20/ea	80
Practice Integration	50/ea	100
Exam	200	200
Final Report	100	100
Presentation	30	30
Total		620

100% - 95% = A

90%-94% = A-

87%-89% = B+

83%-86% = B

80%-82% = B-

77%-79% = C+

73%-76% = C

70%-72% = C-

60%-69% = D

Below 60% = F

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CONSENT TO PARTICIPATE IN TRAINING

YOU HAVE BEEN SELECTED TO PARTICIPATE IN THE TRAINING OF PH.D. LEVEL GRADUATE STUDENTS IN THEIR ABILITY TO ADMINISTER PSYCHOLOGICAL TESTING. THIS CAN BE A POTENTIALLY INTERESTING OPPORTUNITY TO EXPERIENCE PSYCHOLOGICAL TESTING. IF YOU ARE INTERESTED, PLEASE NOTE THE FOLLOWING INSTRUCTIONS AS THEY ARE EXTREMELY IMPORTANT REGARDING YOUR PARTICIPATION.

- YOU MAY ONLY PARTICIPATE IF YOU DO NOT FALL INTO ONE OF THE FOLLOWING GROUPS: 1) YOU CURRENTLY HAVE A DIAGNOSED LEARNING DISABILITY, 2) YOU SUSPECT YOU MIGHT HAVE A LEARNING DISABILITY, 3) YOU ARE CURRENTLY RECEIVING PSYCHIATRIC CARE FOR A DIAGNOSED MENTAL ILLNESS.
- THIS STUDY INVOLVES THE TAKING OF INTELLIGENCE AND PERSONALITY TESTS. BECAUSE OF THE NATURE OF THESE TESTS, YOU HAVE THE OPTION TO “FAKE” THEM OR TAKE THEM “FOR REAL.” DO NOT FEEL PRESSURED TO BE COMPLETELY HONEST IF YOU WOULD PREFER TO ROLE-PLAY DURING YOUR SESSION. ROLE-PLAYS CAN BE JUST AS VALUABLE FOR THE STUDENT CLINICIAN. YOU CLINICIAN CAN PROVIDE YOU A LIST OF POSSIBLE ROLE-PLAYS TO GIVE YOU SOME IDEAS OR YOU CAN MAKE ONE UP YOURSELF.
- IF YOU DECIDE TO TAKE THE TESTS “FOR REAL” IT IS POSSIBLE YOU WILL BE ABLE TO RECEIVE SOME LIMITED FEEDBACK ABOUT YOUR RESULTS WITH THE STUDENT CLINICIAN AND HIS/HER SUPERVISOR WHO IS A LICENSED PSYCHOLOGIST. IF YOU ARE INTERESTED IN THIS OPTION, PLEASE LET THE RESEARCH ASSISTANT KNOW AHEAD OF TIME. REMEMBER HOWEVER, GIVEN THE LEVEL OF THE CLINICIAN’S TRAINING, IT MAY NOT BE POSSIBLE TO RECEIVE FEEDBACK.
- ALL RESPONSES AND INFORMATION GIVEN TO THE STUDENT CLINICIAN ARE CONFIDENTIAL. HOWEVER, BECAUSE THIS IS A TRAINING COURSE, IT IS POSSIBLE THAT YOUR SCORES MAY BE DISCUSSED IN CLASS. IF THIS WERE TO HAPPEN, ABSOLUTELY NO IDENTIFYING INFORMATION WILL BE PROVIDED AND THEREFORE YOUR IDENTITY AND SCORES WILL BE COMPLETELY PROTECTED. YOUR NAME WILL NOT BE PLACED ON ANYTHING BUT THE CONSENT FORM. OTHER THAN THESE RARE OCCASIONS, ONLY YOUR STUDENT CLINICIAN, THE TEACHING ASSISTANT AND THE PROFESSOR (A LICENSED PSYCHOLOGIST) WILL HAVE ACCESS TO YOUR SCORES AND INFORMATION (ALTHOUGH YOUR NAME AND IDENTITY WILL STILL BE PROTECTED).
- UNDER NO CIRCUMSTANCES WILL REPORTS OR TESTING PROTOCOLS BE GIVEN TO PARTICIPANTS BECAUSE THESE HAVE BEEN ADMINISTERED AND WRITTEN BY STUDENT CLINICIANS AND MAY NOT BE COMPLETELY ACCURATE.
- PARTICIPATION WILL LIKELY TAKE 3-4 HOURS OF YOUR TIME. HOWEVER, IT IS POSSIBLE TO ARRANGE TO DO THE TESTING IN MORE THAN ONE TIME BLOCK.
- WHILE NO ONE CAN COMPEL YOU TO COMPLETE A TESTING SESSION IF YOU CHANGE YOUR MIND IN THE MIDDLE OF YOUR SESSION, IT IS VERY IMPORTANT THAT YOU DECIDE AHEAD OF TIME WHETHER THIS IS SOMETHING IN WHICH YOU WOULD LIKE TO PARTICIPATE. THE STUDENT CLINICIAN WOULD PREFER YOU NOT BEGIN YOUR PARTICIPATION IF YOU HAVE ANY INCLINATION THAT YOU MIGHT NOT WANT TO FINISH. YOUR COMMITMENT, ONCE MADE, IS VITAL TO THE PROCESS.

PRINTED NAME

DATE

SIGNED NAME

CLINICIAN’S SIGNATURE

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LIMITS OF CLIENT CONFIDENTIALITY/CONSENT TO PROCEED

THE ASSESSMENT LAB AT THE UNIVERSITY OF TEXAS CONSIDERS CLIENT/CLINICIAN CONFIDENTIALITY TO BE EXTREMELY IMPORTANT. A CLIENT'S CONFIDENTIALITY WILL BE MAINTAINED AT ALL TIMES, EXCEPT IN SITUATIONS WHERE THE LAW HAS PROVIDED EXCEPTIONS TO THIS RULE. THESE EXCEPTIONS ARE DESIGNED TO HELP THE PROFESSIONAL PROTECT THE CLIENT'S SAFETY AS WELL AS THE SAFETY OF MINOR CHILDREN OR DEPENDENT ADULTS. IN ANY CASE, ONLY INFORMATION DEEMED RELEVANT TO THE SITUATION WILL BE RELEASED. THESE EXCEPTIONS ARE NOT INTENDED TO PROVIDE FOR THE BLANKET DISCLOSURE OF INFORMATION. THEREFORE, WE ARE REQUIRED TO DISCLOSE CONFIDENTIAL INFORMATION IF ANY OF THE FOLLOWING CONDITIONS EXIST:

- YOU ARE A DANGER TO YOURSELF OR OTHERS EITHER THROUGH WILLFUL ACTS, SEVERE IMPAIRMENT IN FUNCTIONING, OR STATED INTENT TO HURT YOURSELF OR ANOTHER PERSON.
- IF THE THERAPIST SUSPECTS THE PHYSICAL, SEXUAL, EMOTIONAL ABUSE OR NEGLECT OF A MINOR, A DEPENDENT, OR A PERSON AGED 65 OR OVER. THIS MAY APPLY TO YOU AS THE CLIENT, OR YOUR CHILDREN, PARENTS OR OTHER INDIVIDUALS IDENTIFIED DURING CONVERSATIONS WITH YOUR THERAPIST.
- YOU WAIVE YOUR RIGHTS TO PRIVILEGE OR GIVE CONSENT TO LIMITED DISCLOSURE BY YOUR THERAPIST.
- YOU DISCLOSE THAT A FORMER THERAPIST HAS BEHAVED IN A SEXUALLY INAPPROPRIATE MANNER TOWARDS YOU. HOWEVER, A REPORT TO THE LICENSING BOARD AND POSSIBLY TO LAW ENFORCEMENT MUST BE FILED BY YOUR CURRENT PSYCHOTHERAPIST OUTLINING THE OFFENDING THERAPIST'S BEHAVIOR.

PLEASE BE ADVISED THAT BECAUSE THIS IS FOR TRAINING PURPOSES AND YOUR CLINICIAN IS A STUDENT, NO REPORTS WILL BE PROVIDED FOR THE PARTICIPANT OR FOR LEGAL OR EDUCATIONAL PROCEEDINGS.

IF YOU HAVE ANY QUESTIONS ABOUT THESE LIMITATIONS, PLEASE MAKE SURE YOU DISCUSS THESE WITH YOUR CLINICIAN.

I HAVE READ, OR HAVE HAD THE ABOVE LIMITATIONS READ TO ME, AND I UNDERSTAND THE LIMITATIONS TO CONFIDENTIALITY.

PARTICIPANT SIGNATURE

DATE SIGNED

PARTICIPANT'S WRITTEN NAME

WITNESS/CLINICIAN

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INFORMED CONSENT FOR EVALUATION

THE STUDENT THERAPIST AND I HAVE DISCUSSED MY/MY CHILD'S CASE AND I WAS INFORMED OF THE RISKS, APPROXIMATE LENGTH OF EVALUATION, AND THE ALTERNATIVE METHODS OF EVALUATION. THESE ARE AS FOLLOWS:

FOCUS OF EVALUATION _____

EVALUATION APPROACH _____

POSSIBLE RISKS OF EVALUATION _____

APPROXIMATE LENGTH OF EVALUATION _____

ALTERNATIVE METHODS OF EVALUATION _____

WHILE I EXPECT BENEFITS FROM THIS EVALUATION, I FULLY UNDERSTAND AND ACCEPT THAT BECAUSE OF FACTORS BEYOND OUR CONTROL, SUCH BENEFITS AND DESIRED OUTCOMES CANNOT BE GUARANTEED.

I UNDERSTAND THAT THE STUDENT THERAPIST IS NOT PROVIDING EMERGENCY SERVICES AND I HAVE BEEN INFORMED OF WHOM/WHERE TO CALL IN AN EMERGENCY OR DURING THE EVENING OR WEEKEND HOURS. I WILL CONTACT _____ IN CASE OF EMERGENCY.

I UNDERSTAND THAT REGULAR ATTENDANCE WILL PRODUCE THE MAXIMUM POSSIBLE BENEFITS BUT THAT I OR WE AM/ARE FREE TO DISCONTINUE THE EVALUATION AT ANY TIME IN ACCORDANCE WITH THE POLICIES OF THE OFFICE.

I HAVE BEEN INFORMED AND UNDERSTAND THE LIMITS OF CONFIDENTIALITY, THAT BY LAW, THE STUDENT THERAPIST MUST REPORT TO APPROPRIATE AUTHORITIES ANY SUSPECTED CHILD ABUSE OR SERIOUS THREATS OF HARM TO MYSELF OR ANOTHER PERSON.

I AM NOT AWARE OF ANY REASON WHY I/WE/HE/SHE SHOULD NOT PROCEED WITH THE EVALUATION AND I/WE/HE/SHE AGREE TO PARTICIPATE FULLY AND VOLUNTARILY.

I HAVE HAD THE OPPORTUNITY TO DISCUSS ALL OF THE ASPECTS OF THE EVALUATION FULLY, HAVE HAD MY QUESTIONS ANSWERED, AND UNDERSTAND THE EVALUATION PLANNED. I ALSO UNDERSTAND THAT I MAY REQUEST TO MODIFY THE EVALUATION AS NEEDED AT ANYTIME. THEREFORE, I AGREE TO COMPLY WITH THE EVALUATION AND AUTHORIZE THE ABOVE NAMES CLINICIAN(S) OR WHOEVER IS DESIGNATED TO EVALUATION ME OR MY CHILD.

I UNDERSTAND THAT THE STUDENT CLINICIAN IS BEING SUPERVISED BY ALISSA SHERRY, PH.D. ASSOCIATE PROFESSOR AND LICENSED PSYCHOLOGIST. I MAY, IF NEEDED, CONTACT DR. SHERRY AT 471-0372.

CLIENT SIGNATURE

GUARDIAN SIGNATURE
IF CLIENT IS A MINOR

WITNESS/THERAPIST SIGNATURE

DATE SIGNED