

## **ASSESSMENT IN COUNSELING PSYCHOLOGY**

### **EDP 381/UNIQUE #: 10500 – SPRING 2015**

**Course Time:** Wednesdays, 9 am – 12 pm, SZB 268

**Unique Number:** 10500

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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 the course – diagnostic interviewing, intelligence testing, achievement testing, objective personality testing, interpretation of assessment results, report-writing, providing feedback and making referrals. Cultural and ethical considerations will be emphasized as well.

Because this course is introductory, students will not be expert in assessment techniques at the end of the semester; however, those who successfully complete the objectives will be prepared to conduct adult psychological assessment in supervised practicum. Specifically, students should be able to do the following by the end of the course:

- Understand the difference between psychological testing and psychological assessment.
- Learn how to conduct clinical interviews as part of a broader assessment and use these as a diagnostic tool.
- Administer, score, and interpret the following objective instruments: Wechsler Adult Intelligence Scale, Fourth Edition (WAIS-IV); Wechsler Individual Achievement Test- Third Edition (WIAT-III); the Minnesota Multiphasic Personality Inventory, Second Edition (MMPI-2/RF); and, the Personality Assessment Inventory (PAI).
- Have familiarity with other domain-specific measures.
- Be able to integrate assessment results/findings into an assessment report using writing skills commensurate with graduate level work.
- Learn how to educate oneself on psychological instruments by learning to utilize appropriate reading materials, professional articles, and testing materials when needed to understand a new instrument.

- Understand how the purpose of psychological assessment may vary in different settings (e.g., medical, forensic, educational) and how assessment results within these settings may be used.
- Provide feedback to examinees.

## Required Readings

All assigned readings are required and should be read in advance of the appropriate class period. They are available through online booksellers (e.g., Amazon.com). I'll announce which of the chapters in the books below you should read prior to each class. In addition, you will be responsible for reading the articles/handouts related to the topic in question (e.g., Intellectual Assessment) that are posted in the appropriate folder on Canvas. Although not required for purchase, you will also be expected to read the appropriate manuals for the tests you are learning to administer and interpret. These are available for checkout in the counseling psychology suite.

Lichtenberger, E.O., & Kaufman, A.S. (2009). *Essentials of WAIS-IV assessment*. Hoboken, NJ: John C. Wiley & Sons, Inc.

Lichtenberger, E.O., Mather, N., Kaufman, N.L., Kaufman, A.S. (2004). *Essentials of Assessment Report Writing*. Hoboken, NJ: John Wiley & Sons, Inc.

Graham, J.R. (2012) *MMPI-2: Assessing Personality and Psychopathology*. (5<sup>th</sup> Edition). Oxford Press: NY.

OPTIONAL: Harwood, T. M, Beutler, L.E. & Groth-Marnat, G. (Eds.). (2011). *Integrative Assessment of Adult Personality; 3<sup>rd</sup> Edition*. New York: Guilford.

## Classroom Requirements and Expectations

This class requires a tremendous amount of time. It is important that you take this class seriously, do the readings, and dedicate significant practice time outside of class. The two most challenging things about the class are: 1) finding volunteers for your assessment assignments; and 2) the amount of time you will need to spend on each assignment. However, both are essential in order for you to get the experience and education you need in this area. Test administration and report writing also require significant effort and time. Because of the need to learn how to administer, score, and interpret tests before you give them, many of the larger assignments occur toward the end of the course. This means that it is essential that you keep up with the workload as the course progresses and plan accordingly so that you do not get behind.

### Attendance

Psychological assessment is probably one of the most important courses you will take as a Ph.D. student in psychology because no other mental health profession is trained or licensed to do assessment. Therefore, it is extremely important and, in fact, your ethical responsibility, to become competent in the practice of assessment. It is difficult to become competent if your attendance is sporadic, you are frequently late, or you do not actively

participate in class. Class attendance is mandatory. Because this class meets once a week for three hours, missing a week is equivalent to missing a week's worth of classes and an enormous amount of material. It is your responsibility to stay in contact with me about circumstances that affect your attendance or performance in this course.

### Testing Materials

A limited number of test materials are available for us to use. It is therefore important that you plan in advance for all assignments. While an effort will be made to coordinate the check out and use of these materials, it is important to 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 take the materials at the very end of the day and turn them in by 8:00 am the following morning. There is a sign out and reservation sheet that you **MUST** use when checking out testing kits and materials. 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.

### Protected Tests/Testing Participants/Consent Forms

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 psychology 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.

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 it is not required.

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 theory and practice of psychological assessment, deviation from standardized procedures spoils the test and makes the test invalid. 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.

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 at the end of 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.

Toward the end of the semester, I will ask you to perform a full assessment for people in the community. Most of these individuals will likely be undergraduates who are curious about the process. Every effort will be made to screen them ahead of time to ensure they are not looking to use the assessment results for treatment or eligibility (e.g., disability accommodations) decisions. Informed consent will also be important with these individuals. However, the difference between these assessments and the test administrations described earlier is that you will be providing feedback about the results. We will talk at length prior to the feedback session and again, examinees will be cautioned about the generalizability of the results.

## **General Policies**

### Academic Dishonesty and Ethics

Students who violate University rules on scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and/or dismissal from the University. Particular areas of concern in this class include plagiarism, faking protocols (e.g., not administering the test and forgoing answers), and coaching examinees. The latter includes telling an 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. Evidence of any of these and/or other types of dishonesty will be reported directly to the Office of the Dean of Students according to disciplinary procedure.

### Students with Disabilities

Students with disabilities should register with the Services for Students with Disabilities office in the Division of Diversity and Community Engagement. More information is available online at <http://ddce.utexas.edu/disability/> or by phone at 512-471-6259.

Academic accommodations are not retroactive, so if you need assistance, please consult with SSD and meet with me at the start of the semester.

## **Assignments and Grading**

As noted, this course is time intensive and fast paced. You will need to spend a great deal of time outside of the class period reading and practicing your assessment skills. To make the most out of the class periods, readings should be done in advance. This will facilitate our understanding of the topics being presented and allow for greater discussion.

**Paper Format:** Writing assignments are expected to be of the highest quality. Each paper should be typed, double spaced, 1-inch margins, Times-Roman or similar, 12-point, black font. Please see **and follow** explicitly examples provided by me or the TA.

**Assignment Deadlines:** Except for your full assessment 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 full assessment, you will be assigned the client in plenty of time to complete your assignment. Please make sure you make appointments with your client and plan accordingly. All meetings, including the feedback session need to occur by the times 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 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. 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.

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.
- 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, twice as many points will be deducted. If you make it again, three times as many and so forth.
- 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, is to your advantage.
- 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 **with prior approval from me** 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

The TA checks in with me frequently about the grading and is available 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. 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 expect you to take the initiative and look up any information you need to know to complete the assignment. 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. One thing I am trying to teach you is how to self-

educate – know how to search for answers on your own and when to ask questions after you have exhausted your efforts.

## **Assignment Descriptions and Due Dates**

### ***I. Observation Paper***

**Requirements:** During the class period in which we discuss clinical interviewing and MSEs, you will be assigned a person you are going to “observe.” the following class period. 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, 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, just the name of the person you are observing at the top.

**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?

### ***II. Practice Scoring Assignments (2)***

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

**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, if not most, of your 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.

**Point Credit:** Anyone who makes less than a “B” on this assignment will need to do an additional assignment and make a “B” or better. Each practice assignment is worth 30 points for 60 total points.

**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.

### *III. Administration Exam*

**Requirements:** You will be required to administer the WAIS-IV 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. 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 absorbing the manual will be key.

**Point Credit:** You need to make a “B” or better on this exam. If you receive less than a “B”, you will need to retake the exam until you make a “B.” The exam is worth 50 points.

**Due Date:** You will schedule this exam with the TA at a mutually agreed upon time. Reserve at least 45 minutes. The exam needs to be completed in plenty of time before you are scheduled to test your “real” client.

### *IV. Self-Administration Assignments (2)*

In addition, administer your own MMPI and PAI 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!). 20 points each (40 points total).

### *V. Practice Integration*

**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:** I will give you feedback on the first draft of your report. This draft will be graded (so make sure it is polished!), but you are also required to complete a rewrite of it, incorporating the feedback given. Although the re-write will not be graded, it is mandatory and will help you be well prepared to write your final, full assessment.

**Point Credit:** 75 total.

### *VI. 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.

**Process:** 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.

**Point Credit:** The exam is worth 200 points.



## ***VII. Final Report/Full Assessment***

**Requirements:** For your full report, 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. In addition, 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. Please consult with me in advance regarding the measures you plan to use.

You will administer the following to the same examinee: Clinical Interview; Mental Status; Wechsler Adult Intelligence Scale–IV (WAIS-IV).

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

Your choice of an additional assessment (for example, BDI, BAI, BSI, WIAT-II.)

**Goal:** The goal of this assignment is to begin to become familiar with 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. As noted, most examinees will likely be undergraduates curious about assessment. Because this is an entry-level course, we will make an effort to screen examinees prior to their assignment. However, please notify me 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 the assessment information is confidential. It is important to be mindful of this and to disguise the client's identifying information when discussing him/her in consultation with other students. This is the one instance in which you will be asked to give your client feedback about the results. We will talk about this at length before you do so and it will be important to caution the client about the generalizability of the results.

**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- 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; 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:** List standard scores for validity and clinical scales using the numbers for the scales, not the names; Talk about the elevations only and code-types, where applicable. 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.

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

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

- **Integration and Interpretation**

- **Recommendations**

**Point Credit:** Your final report is worth 125 points.

### ***VIII. Presentation***

**Requirements:** You will present a 30-minute presentation to the class on one of your assessment clients. 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.

**Goal:** One goal of the assignment for you (the presenter) is to practice your presentation skills. Another goal is to see how other people are interpreting their protocols and to be able to use your assessment skills "on the spot." The class will be responsible for being able to generate alternative hypotheses, ask questions, and integrate information in the moment. You will be able to have your reference materials with you in order to do this.

**Submission:** You will bring handouts for your fellow students as well as overheads or use PowerPoint. You should bring your PowerPoint presentation on a CD and have it either on webspace or email to me so that we can get it on the computer multiple ways if one way fails.

**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:** Your presentation is worth 50 points.

**DUE DATE:** Last two days of class.

### **Point Structure**

Assignment	Points	Total Points
Observation Paper	CR/NR	
Practice Scoring Assignments	30/ea.	60
Administration Exam	50	50
Self-Administration Assignments	20/ea.	40
Practice Integration	75	75
Exam	200	200

Final Report	125	125
Presentation	50	50
Total		600

- A 540 and above
- B 480-539
- C 420-479
- D 360-419
- F below 360

### **Course Schedule\***

#### **January 21, 2015**

Syllabus  
 Introduction to Assessment  
 Introduction to the testing closet and computer scoring

#### **January 28, 2015**

Introduction to Intellectual Assessment/WAIS-IV  
 WAIS-IV Administration

#### **February 4, 2015**

WAIS-IV Scoring and Interpretation  
 Overview of other Wechsler measures  
*Distribute WAIS-IV Practice Scoring Assignment*

#### **February 11, 2015**

Introduction to Achievement Testing  
 Overview of the WIAT-III  
 Introduction to Special Education/Disability Accommodations  
 Learning Disabilities  
*Distribute WLAT-III Practice Scoring Assignment*  
*Assign person for observation assignment*

#### **February 18, 2015**

*WAIS-IV Practice Scoring Assignment Due*  
 Clinical Interviewing  
 Mental Status Examination  
 Behavior Observations

#### **February 25, 2015**

*Observation Paper due*  
*WLAT-III Practice Scoring Assignment Due*  
 MMPI-2/MMPI-2-RF

**March 4, 2015**

*Self MMPI-2 due*

*\*WAIS-IV Administration Exams must be completed by this date*

DSM Cultural Formulation (Octavio Martinez, M.B.A., M.D., M.P.H.)

MMPI-2/MMPI-2-RF, cont'd.

Response Style and Validity

PAI

**March 11, 2015**

*Self PAI due*

PAI

*Distribute Integration Assignments*

**March 18, 2012**

NO CLASS – SPRING BREAK

**March 25, 2012**

Report Writing

Ethics- Special Considerations in Assessment

*Assign Clients for Final Report*

**April 1, 2015**

*Practice Integration due (via email)*

Giving Feedback

**April 8, 2015**

Career Assessment (Chris McCarthy, Ph.D.)

*You will be asked to take two career inventories (Strong Interest Inventory and Myers-Briggs Type Indicator) prior to this lecture. You will need to pay approximately \$30 to cover the costs of these tests. If you have already taken these tests recently and have the results available in a format similar to that used by the Sanger Center, you do not need to take the tests again.*

Giving Feedback

**April 15, 2015**

*Practice Integration Rewrite due (via email)*

Catch Up; Exam Review

Neuropsychological Assessment

**April 22, 2015**

In Class Exam

**April 29, 2015**

*Final Report Due*

Case Conference

May 6, 2015  
Case Conference

\*Dates are tentative. The schedule may be changed based on availability of speakers and pace of learning.

**ASSESSMENT LAB  
COUNSELING PSYCHOLOGY PROGRAM**

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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 AND THE PRIMARY RESEARCH (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.

PLEASE CHECK HERE IF YOU INTEND TO ROLE-PLAY YOUR PARTICIPATION. \_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNED NAME

\_\_\_\_\_  
CLINICIAN'S SIGNATURE

### ASSESSMENT LAB COUNSELING PSYCHOLOGY PROGRAM

#### 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. IN SUCH CASES, YOUR IDENTITY MAY BE CONCEALED. 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 RESEARCH 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

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**PARTICIPANT'S WRITTEN NAME**

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**WITNESS/CLINICIAN**