EDP 383C.12 Assessment in Counseling

Instructor: Mike C. Parent, PhD
Class Location: 268 Sanchez
Class time: Wednesday, 9-12
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Course objectives
1. Competently administer commonly-used cognitive and personality assessments.
2. Competently interpret commonly-used cognitive and personality assessments.
3. Competently gather testing-relevant data in clinical interviewing.
4. Competently provide test result feedback.

Course format
This course is ***flipped***. If you have not taken a flipped course before, it may be substantially different from other graduate coursework you have taken in the past. Classes will consist almost entirely of discussions, practice in practical skills in test administration, application of skills to case examples, and student presentations. Lectures are delivered online and in condensed, brief video format. You are still expected to engage in traditional learning methods (i.e., reading) as they apply to core course material and your presentations.

Evaluation mechanisms and grading

1. Weekly Quizzes
There will be a weekly quiz (starting the second week, not including the two weeks of presentations), every Wednesday at the beginning of class. The quiz will consist of 10 questions on material covered in the readings, and you will have 5 minutes to complete it. You may have access to course materials during this test but you will have to have reviewed the class materials ahead of time as you will not have enough time to look up the materials during the quiz.

2. Skill proficiencies.
Clinical interviewing skills and feedback skills will be assessed in class and with the TA. You will pair up with another student and conduct a clinical interview and provide feedback. Students are expected to demonstrate adequate proficiency in both clinical interviewing and clinical feedback. Failure to demonstrate competency will require repetition of the demonstrations until competency is achieved. Guidelines for competency are described in the appendices.

3. Testing practice
The goal of this course is optimal skill acquisition. Skills are not acquired through rote learning and a single testing session. Instead, students will have a chance to respond to feedback on testing practice and report writing, and can resubmit assignments for improved grades.

You will complete the following assessments:
1. First administration and scoring of the WAIS-IV.

2. Administration and scoring of the WAIT-III.
3. PAI interpretation.
4. MMPI interpretation.
5. Second administration and scoring of the WAIS-IV.

You will ALSO complete a 30 minute, abbreviated administration of the WAIS with the TA. This administration will focus on your competent administration of the WAIS, but NOT on scoring responses. You will proceed through the WAIS with the TA, who will give responses of "0 point answer"/ "1 point answer" / "correct" / "incorrect" etc., rather than providing actual responses. Competency will be based on accurate administration of the WAIS (i.e., use of correct cutoffs, correct and professional administration, avoidance of verbal reinforces for correct answers, etc.)

3. Report writing.
You will write three reports; two for the WAIS and one for the MMPI. Coverage of report writing will be done in class, and there will be class time to work on reports.

4. Additional Assessment Presentations
Everyone will complete one presentation on an assessment not covered in class. Presentations have a hard time limit of 10 minutes.

5. Case presentations
Everyone will complete one case presentation using data provided to them. Presentations will have a hard time limit of 30 minutes.

6. Final examination
This course will include a final examination. Be sure you do not book any travel that would conflict with taking the final examination. The examination will consist of written interpretation of test data. The examination will be open book/open note/open internet, and you may complete it on your laptop.

Grading

Assessment	Note	Total
Quizzes	10x10	100 (lowest 2 dropped)
Clinical interview competency		50*
Clinical feedback competency		50*
WAIS-IV first administration		50
WIAT-III administration		50
PAI interpretation		50
MMPI interpretation		50
WAIS-IV second administration		50
WAIS-IV – TA competency evaluation		50*
WAIS report 1		50
WAIS report 2		50*
MMPI report 1		50*
Additional Assessment Presentation		50

Case presentation   100
Final examination   200
                                                    /1000

*Performance must be rated as competent by the TA/instructor to pass course

A   1000-900
B   899-800
C   799-700
D   699-600
F   under 600

Please note that the assignment due dates given in the syllabus are ***not hard deadlines***, but rather recommendations. Do the assessments when you feel you are competent to do so.

Religious/Holy Days
By UT Austin policy, you must notify me of your pending absence at least fourteen days prior to the date of observance of a religious holy day. If you must miss class, an examination, a work assignment, or a project to observe a religious holy day, you will be given an opportunity to complete the missed work within a reasonable time after the absence.

Services for Students with Disabilities
Students with disabilities may request appropriate academic accommodations from the Division of Diversity and Community Engagement, Services for Students with Disabilities (phone number 471-6259). Individual instructors do not assign accommodations.

Scholastic Dishonesty Policy
Scholastic dishonesty will not be tolerated and incidents of dishonesty will be reported. Please review: http://www.engr.utexas.edu/undergraduate/forms/462-university-of-texas-honor-code

Emergency Preparedness
Please review: http://emergency.utexas.edu/about

Course outline

Week 1.   11.17.18
Lecture topic   Syllabus
Class work   Clinical interviewing skills, MMSE, Principles of Screening
Assessment due   None.
Readings   Review syllabus

Week 2.   1.24.18
Lecture topic   PVT/SVT
Class work   Clinical interview practice con't
Assessment due   None.
Readings   Groth-Marnat, G. (2003). Chapter 3: The Assessment Interview.
                       Padilla, A M., & Borsato, G. N. (2008). Issues in Culturally Appropriate
                       Psychoeducational Assessment
                       Sparrow & Erhardt (2014). Essentials of ADHD Assessment in Children
                       and Adolescents. Chapter 3: Assessing ADHD: Goals and Guiding
                       Principles
                       Bigler, E. D. (2012). Symptom validity testing, effort, and
                       neuropsychological assessment. Journal of the International
                       Neuropsychological Society, 18, 632-642.

Week 3.   1.31.18
Lecture topic   Intelligence Testing and the WAIS
Class work   WAIS administration practice
Assessment due   None.
Readings   Musso, M. W., & Gouvier, W. D. (2012). "Why is this so hard?: A review
                       of detection of malingered ADHD in college students. Journal of Attention
                       Disorders.

Week 4.   2.7.18
Lecture topic   Intelligence Testing and the WAIS
Class work   WAIS administration and interpretation practice
Assessment due   None
Readings   Groth-Marnat, G. (2003). Chapter 5: Wechsler Intelligence Scales.
                       Theiling, J., & Petermann, F. (2016). Neuropsychological Profiles on the
                       WAIS-IV of adults with ADHD. Journal of Attention Disorders, 20, 913-
                       924.

Week 5.   2.14.18
Lecture topic   Achievement testing and the WIAT
Class work   WAIT administration and interpretation
Assessment due   Administer and score the WAIS-IV
Readings   TBD

Week 6.	2.21.18
Lecture topic	History and cultural issues in assessment
	Ethics and assessment
Class work	
Assessment due	
Readings	Gould, S. J. The hereditation theory of IQ: An American invention.
	Groth-Marnat, G. (2003). Chapter 2: Context of Clinical Assessment
	Keo-Meier, C. L., & Fitzgerald, K. M. (2017). Affirmative psychological testing and neurocognitive assessment with transgender adults. Psychiatric Clinics of North America, 40, 51-64.
	Williamson, K. D., et al. (2014). Discriminating among ADHD alone, ADHD with a comorbid psychological disorder, and feigned ADHD in a college sample. The Clinical Neuropsychologist.
	Booksh, R. L. et al. (2010). Ability of college students to simulate ADHD on objective measures of attention. Journal of Attention Disorders, 13, 325-338
Week 7.	2.28.18
Lecture topic	Cognitive Assessment Report Writing
Class work	Practice report writing
Assessment due	WAIS report 1
Readings	Sparrow & Erhardt (2014). Essentials of ADHD Assessment in Children and Adolescents. Chapter 5: Integrating Findings and Drawing Conclusions
	Sparrow & Erhardt (2014). Essentials of ADHD Assessment in Children and Adolescents. Chapter 5: Integrating Findings and Drawing Conclusions (SKIM)
Week 8.	3.7.18
Lecture topic	MMPI and MCMI
Class work	MMPI and MCMI interpretation
Assessment due	
Readings	Groth-Marnat, G. (2003). Chapter 7: Minnesota Multiphasic Personality Inventory.
	Graham, Chapters: 3 (Validity Scales), 4 (Clinical scales), 5 (Code types)
Week 9.	3.14.18
Lecture topic	(Break)
Class work	(Break)
Assessment due	(Break)
Readings	(Break)
Week 10.	3.21.18
Lecture topic	MMPI and MCMI
Class work	MMPI and MCMI interpretation

Assessment due
Readings   Groth-Marnat, G. (2003). Chapter 8: Millon Clinical Multiaxial Inventory.
                        +TBD

Week 11.   3.28.18
Lecture topic   PAI and 16PF
Class work   PAI and 16PF interpretation
Assessment due   PAI and 16PF interpretation
Readings   Cattell and Schuerger, Chapter 3 (The 16PF Questionnaire Scales),
                        Chapter 4 (How to interpret the 16PF questionnaire)
                        +TBD

Week 12.   4.4.17
Lecture topic   Personality Assessment Report Writing
Class work   Practice report writing
Assessment due   Administer and score a second WAIS
Readings   Groth-Marnat, G. (2003). Chapter 15: Psychological Report
                        Graham, Chapter 11: An interpretive strategy

Week 13.   4.11.18
Lecture topic   Symptom Inventory Presentations
Class work   Presentations
Assessment due   None.
Readings   Groth-Marnat, G. (2003). Chapter 13: Brief Instruments for Treatment
                        Planning, Monitoring, and Outcome Assessment
                        Meehl: Why I do not attend case conferences.

Week 14.   4.18.18
Lecture topic   Case Presentations
Class work   Presentations
Assessment due   None
Readings   None

Week 15.   4.25.18
Lecture topic   Case Presentations
Class work   Presentations
Assessment due   None
Readings   None

Week 16.   5.2.18
Lecture topic   Giving Feedback
Class work   Feedback Practice
Assessment due   Feedback session with TA
Readings   Smith, S. R., Wiggins, C. M., & Gorske, T. T. (2007). A survey of
                        psychological assessment feedback practices.

Week 17.	5.19.18
Lecture topic	None
Class work	Final Examination
Assessment due	None
Readings	None

Example Additional Assessment Inventory Presentation Topics

Assessments should be ones commonly used in clinical settings (i.e., not instruments primarily used for research).

Assessments should be cognitive or personality tests (not vocational, etc.). Tests not on this list are welcome, with instructor approval.

Repeatable Battery for the Assessment of Neuropsychological Status
California Verbal Learning Test-II
BAI/BDI
PHQ-9
Woodcock-Johnson
Raven's Progressive Matrices
Bender
Stanford-Binet
Wide Range Achievement Test
Delis-Rating of Executive Function
Test of Memory Malingering
ImPACT
GAD-7
PTSD Checklist
AUDIT
CUDIT

Presentations will be 10 minutes long, with a hard limit.

1. Present the measure itself, what it measures, and when it might be used in clinical contexts.
2. Describe the way in which the test is administered (give a sample if possible, or the entire measure if it is brief)
3. Describe findings on the validity/reliability/sensitivity and specificity of the measure with regard to clinical diagnoses.
4. Describe the clinical cutoffs of the measure.
5. Present findings on cross-cultural utility or challenges with the measure.

Case presentation grading

	Background: Information typically included	Check if Present	Quality: Degree of Explicit Integration	Notes:
1.	Reason for referral presents a clear guide for the evaluation. Referral questions offered.		_____Not met _____Beginning _____Developing _____Competent	
2.	Background information presents a picture of the patient and a foundation for understanding the case.			
3.	Observations are explained clearly and in observable terms.			

	Data Analysis and Interpretation: Information typically included	Check if present	Quality: Degree of Explicit Integration	Notes:
4.	(a) Interpretations of data are reasonable and accurate and (b) explain the individual's functioning on a given instrument.		_____Not met _____Beginning _____Developing _____Competent	
5.	Interpretations of data include discussion of normative performance (e.g. Percentile Ranks).			
6.	(a) Interpretations of data are reasonable and accurate and (b) explain the individual's functioning and behaviors on a given task.			
7.	Interpretations of data are free of psychometric inaccuracies and/or conceptual misunderstandings.			
8.	Scores from standardized tests are tabled appropriately and located in a single table for easy reference.			

	Synthesis and Application:	Check if Present	Quality: Degree of Explicit Integration	Notes:
9.	Conclusions provide the essential information regarding the student, avoids introducing new data, and offers a summary of strengths and needs.		_____Not met _____Beginning _____Developing _____Competent	
10.	Conclusion answers the referral questions or addresses the reason for referral and guides interventions offered.			
11.	Report functions as a problem-solving assessment linking recommendations to interventions.			
12.	(a) Recommendations are realistic and consistent with evaluation findings and (b) can be understood by the reader.			

	Style, Clarity, and Communication	Quality: Writing Mechanics	Notes:
13.	Presentation is understandable, absent of jargon, consistent, and easy to understand.	____YES _____ NO	
14.	Presentation is organized, logical, meaningful, and appropriate in length.	____YES _____NO	
	Overall style, clarity, and communication	___Competent ____Not Met	

Clinical interview and feedback competencies:

Students are expected to demonstrate competency in clinical interviewing and feedback, as demonstrated by adherence to the following clinical competency guidelines.

Interviewing Domain	Skill	Operationalization	Rating	Criterion
Assessment parameters	Referral assessment	1. Assessor ascertains the source of the referral.	/1	
		2. Assessor ascertains the reason for the testing.	/1	
		3. If there is no clear reason for the assessment, the assessor ascertains whether assessment is warranted.	/1/NA	
				All required.
Clinical History	History Taking	Assessor obtains description of the problem	/1	
		Onset	/1	Required
		Severity/frequency/intensity	/1	Required
		Duration	/1	Required
		Antecedents/Consequences	/1	
		Prior treatment	/1	
		Other attempts to solve or cope	/1	
				5 of 7
Psychosocial History	History taking	Socioeconomic level	/1	
		Parental Occupation	/1	
		Medical history	/1	Required
		Educational history	/1	
		Family constellation	/1	Required
		Cultural background/acculturation	/1	Required
				4 of 6
Developmental History	History Taking	Infancy - medical issues	/1	
		Early childhood - school, hobbies, relationships, emotional state	/1	
		Adolescence - School, hobbies, relationships, emotional state	/1	
		Adulthood - School, work, hobbies, relationships, emotional state, transition to adulthood	/1	
				Basic data obtained
Diagnostics	Organic Rule-out	Assessor obtains information on organic rule-outs relevant to the referral question.	/1	
	Substance use	Assessor correctly obtains information on the use of substances relevant to the referral question.	/1	
				All required.
Rapport	Orientation to testing	Assessor ascertains whether patient understands the purpose of testing.	/1	
	Orientation to testing	Assessor ascertains whether patient understands the process of testing.	/1	
	Body language	Assessor displays appropriate body language throughout the interview	/1	

	Engagement	Assessor is appropriately engaged in the interview.		/1
				3/4 required

Language use	Appropriate language use	Assessor minimizes use of filler words ("um," "like," etc.)	Count	Less than 10
	Open questions	Assessor focuses on use of open and closed questions as appropriate	Bad open:	Less than 3
	Barrage avoidance	Assessor uses reflection/paraphrase/summary appropriately to avoid question barrage	Bad closed: Missed reflections:	Less than 3 / Less than 3
	Jargon avoidance	Assessor avoids use of psychology jargon	Jargon used:	Less than 3
				All required.

Feedback

Domain	Skill	Operationalization	Rating	Criterion
Rapport	Patient perspective	Assessor ascertains what the patient expects to hear prior to explaining test results.	/1	
	Interaction	Assessor actively encourages patient to engage with feedback rather than "talking at" them	/1	
				All required.
Providing Data	Validity	Assessor states findings regarding the validity of the data/effort during testing	/1	
	Positive results	Assessor states parts of findings that are positive	/1	
	Negative results	Assessor states parts of findings that are positive	/1	
	Take-homes	Assessor does not overwhelm the patient with data but provides 3-4 "take home" messages	/1	
				All required.
Patient understanding	Check on communication	Assessor asks the patient to provide a summary of the testing results	/1	
				All required.
Language use	Appropriate language use	Assessor minimizes use of filler words ("um," "like," etc.)	Count	Less than 10
	Open questions	Assessor focuses on use of open and closed questions as appropriate	Bad open:	Less than 3
	Barrage avoidance	Assessor uses reflection/paraphrase/summary appropriately to avoid question barrage	Bad closed: Missed reflections:	Less than 3 / Less than 3
	Jargon avoidance	Assessor avoids use of psychology jargon	Jargon used:	Less than 3
	Pathology language avoided	Assessor avoids use of terms such as "abnormal," "deviant," or "pathological"		
				All required.