The goal of Child & Adolescent Psychological Assessment is to provide students with a strong foundation in basic child and adolescent assessment skills. Through course readings, discussions, and practice assessments, students will become familiar with a range of assessment measures and techniques. Students also will begin to develop competence in applied clinical assessment. Throughout the course, there also will be an ongoing discussion regarding balancing best practice with practical considerations often faced in assessment.

Required Texts:


Note: The two Sattler books are sold as a set.

Required readings that are not from the above texts will be made available by the TAs each week.

Course Expectations:

1. Come to class prepared to discuss readings and any other materials required for you to review prior to class.

2. Efficiency and timeliness are highly prized commodities in the world of assessment. All assignments must be submitted by the indicated date and time. Unless otherwise stated, assignments are due by 5:00pm. Late assignments will be penalized.

3. Assessment reports will receive an initial and final grade. It is the expectation that both drafts reflect your best work. Initial WISC report drafts will be reviewed in class on a rotating basis. There also is the potential for comprehensive evaluations to be reviewed in class if time permits.

4. By 5:00pm on the Friday before you are to present your initial draft in class, you must distribute copies of your report to the entire class. Copies must be placed in BTPC mailboxes. Non-clinical
students should work with TAs for special arrangements. Note: I expect you to email me your draft (remember it is COMPLETELY DE-IDENTIFIED) by 5:00pm. This way, I can make edits that you will actually be able to read 😊. Also, prior to turning in your rough drafts, TAs must review and grade your scoring.

5. Please turn your cell phone on silent and do not use your cell phone at any point during class.

6. Practice, practice, practice! And plan, plan, plan! In order to become proficient in the assessments you will be learning throughout this course, you must practice. Given the relatively limited amount of time we have in class, it will be necessary to dedicate time for practice outside of class. The workload in this course is heavy and will require good planning on your part.

7. If you have a formal accommodation plan developed in conjunction with UVM’s ACCESS Office or would like to discuss the supports that you need in order to learn well in this class, please contact me in the beginning of the semester. Adaptations and instructional supports are available through consultation with me and the ACCESS Office (www.uvm.edu/~access/).

8. You are required to attend all classes. The exceptions to this policy are as follows:
   a. Religious holidays: Students have the right to practice the religion of their choice. If you need to miss a class to observe a religious holiday, please submit the dates of your absence to me in writing by the end of the second full week of classes.
   b. Family emergencies & illness: If there are circumstances under which you may be able to anticipate missing one or more classes due to a potential family emergency or personal illness during the semester, please let me know this as soon as possible. Should you unexpectedly be faced with illness/family emergency, please communicate with me so that we can formulate a plan to ensure that you can makeup course work in a timely manner.

9. Please come to me with comments and/or concerns. There is always room for improvement in this course and several ways to go about teaching the material! My goal is to make this class enjoyable and productive.

Volunteer Guidelines:

1. All examinees must be volunteers. Parental permission must be secured for examinees under age 18. Consent forms will be provided by TAs and must be signed prior to beginning testing/interviewing.

2. Parents must be informed beforehand that interviews/test results will not be disclosed. Emphasize that you are learning how to administer interviews/tests and that the results may not be valid. You can assure parents that the session will likely be interesting and pleasant for the child.

3. You may not personally assess/work with families/children you know well (including relatives).

4. All examinee information is confidential. Do not discuss an examinee or his/her performance outside of class. Identify examinees in reports and protocols by pseudonyms. Please change the
exact date of birth while preserving chronological age in years and months. Work with your TAs to ensure that all forms with identifying information (e.g., consent forms) and video recordings are kept in a secure location (i.e., double locked location).

5. A TA must be in the building throughout the entirety of working with volunteers. No exceptions.

6. Start looking for volunteers now and work as a team! I know, it is a tall order, but it can be done and it is worth it!

7. Though volunteers are not actual clients, they should be treated as such. You will be representing the field of clinical psychology as well as the graduate program and clinic. Professional demeanor and dress are required.

Assignments:

1. **WISC-IV Check Out**: Each student will meet with a TA and administer the WISC-IV in entirety. Grades will be based on adherence to standardized administration protocol. Students must demonstrate at least 80% proficiency prior to WISC-IV administration with child volunteers.

2. **WISC-IV Administration**: Students will administer the WISC-IV to a child volunteer. WISC-IV administrations must be videotaped (or observed if an unusual circumstance arises and TA agrees). Grades will again be based on your adherence to standardized administration protocol (this includes scoring!). Also, though we have computer scoring available, WISC-IV protocols should be scored by hand. I still do this sometimes as it helps me get more familiar with the data. Note: please check video equipment prior to working with your child volunteer. You will not be graded without a video (or TA present)!

3. **WISC-IV Report (cognitive assessment report)**: Students will write a report that includes the results of the WISC-IV administration. You will be graded on your initial and final reports. Grades will be based on content, accuracy of interpretation, and writing style (grammar, spelling, organization, etc.). Report requirements will be further reviewed in class and lab.

4. **Intake & P-ChIPS Evaluation**: Students will meet with a parent volunteer and conduct intake and P-ChIPS interviews. This session must be video recorded. Grades will be based on several factors including: therapeutic skills (explanation of procedures, rapport, smooth transitions, active listening, professionalism, etc.), gathering of information, adherence to standardized administration protocol, and demonstration of symptom knowledge. You also will have the parent complete parent-report measures.

   a. While you are meeting with the parent, a secondary clinician (one of your classmates) will work with the child. The secondary clinician will conduct a semi-structured interview with the child, administer self-report measures, and the WASI-II. You may request the secondary clinician to record this session.

5. **Intake & P-ChIPS Report (comprehensive report)**: Students will write a report that includes the results of the parent intake interview, P-ChIPS, parent-report measures, child interview, child-report measures, and WASI-II. The secondary clinician will record the child session, which may assist you with the write-up. You may also ask the secondary clinician to at least write a draft of
the child interview. You will be graded on initial and final reports. Grades will be based on content, accuracy of interpretation, and writing style. Report requirements will be further reviewed in class and lab. Though not everyone will have the opportunity to present first drafts in class, I will review all drafts and thus everyone will have the same opportunity to improve their writing.

**Grading:**

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<thead>
<tr>
<th>Percentage</th>
<th>Component</th>
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<tbody>
<tr>
<td>12%</td>
<td>Class participation (attendance, preparedness for class, &amp; contributions to group discussions)</td>
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<tr>
<td>15%</td>
<td>WISC-IV volunteer administration</td>
</tr>
<tr>
<td>10%</td>
<td>WISC-IV report (initial)</td>
</tr>
<tr>
<td>19%</td>
<td>WISC-IV report (final)</td>
</tr>
<tr>
<td>15%</td>
<td>P-ChIPS &amp; intake evaluation administration</td>
</tr>
<tr>
<td>10%</td>
<td>P-ChIPS &amp; intake report (initial)</td>
</tr>
<tr>
<td>19%</td>
<td>P-ChIPS &amp; intake report (final)</td>
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**Course Schedule & Readings:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>1.14.14</td>
<td><strong>Introduction to Child &amp; Adolescent Assessment</strong></td>
</tr>
<tr>
<td>1.21.14</td>
<td><strong>Introduction to Cognitive Assessment</strong></td>
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<tr>
<td></td>
<td>Read WISC-IV Manual. Start practicing!</td>
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<tr>
<td>1.28.14</td>
<td><strong>Interpreting &amp; Reporting the WISC-IV, Review of Report Template</strong></td>
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<td></td>
<td>In class – WISC-IV write-up example distributed</td>
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<tr>
<td>2.4.14</td>
<td><strong>WISC-IV overflow</strong></td>
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<tr>
<td></td>
<td>Testing Children, Test Observations, Mental Status &amp; Building Rapport</td>
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</tbody>
</table>
Chapters 2 (Challenges in Assessing Children: The Context; pp. 32-54) & Chapter 6 (Administering Test to Children; pp. 183-214) from:

Mental Status Exam reading TBA

Chapter 1 (Interviewing Informants: The Basics, pp. 17-36) from:

**2.11.14** **Intake Interview & Child Development**  (History)

Chapter 13 (History Taking, pp. 299-314) from:

Chapter 3 (An Introduction to Development; pp. 48-73) from:

***In class: developmental history outline distributed***

*WISC-IV Reports Review (2)

**2.18.14** **Structured Diagnostic Interviews**

Chapter 11 (Structured Diagnostic Interviews, pp. 253-270) from:

Review of CHIPS (ask if questions from lab)

Vaughn, A.J., & Hoza, B. The incremental utility of behavioral ratings scales and a structured diagnostic interview in the assessment of attention-deficit/hyperactivity disorder. *Journal of Emotional and Behavioral Disorders*. Published online February 17, 2012, DOI: 10.1177/1063426611427910

Chapter 17 (Assessment of Attention Deficit Hyperactivity and Disruptive Behavior Disorders, pp. 377-412 ) from:

*WISC-IV Reports Review (2)

**2.25.14** **Writing Behavioral Assessment Reports & Review of Report Template**

Chapter 16 (Report Writing, pp. 357-376) from:

Chapter 18 (Assessment of Depression and Anxiety, pp. 413-435) from:

***In class: Report template distributed***

*WISC-IV Reports Review (2)

3.4.14 **SPRING BREAK!!!**

3.11.14 **Child Self-Report Measures, Rating Scales, Behavioral Observations**

Chapter 6 (Self Report Inventories, pp. 101-139) from:

Chapter 7 (Parent and Teacher Ratings Scales, pp. 141-188) from:

Chapter 8 (Behavioral Observations, pp. 189-208) from:

*WISC-IV Reports Review (2)

3.18.14 **Integrating & Interpreting Assessment Information**

Chapter 15 (Integrating and Interpreting Assessment Information, pp. 339-355) from:

**Feedback Session**

**Suicidality & School Violence**

Chapters 8 (Assessing Risk for Suicide, pp. 184-199) & 9 (Assessing Youth Violence and Threats of Violence in Schools: School Risk-Based Assessment, pp. 200-224) from:

*WISC-IV Reports Review (2)

*1st draft of comprehensive eval (2 students)
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
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<tbody>
<tr>
<td>3.25.14</td>
<td>Assessment of Family Factors &amp; Child Abuse</td>
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<tr>
<td>4.1.14</td>
<td>Learning Disabilities &amp; Memory Testing</td>
</tr>
<tr>
<td>4.8.14</td>
<td>Differentiating medical from psychological presentations</td>
</tr>
<tr>
<td>4.15.14</td>
<td>A day of vignettes!</td>
</tr>
<tr>
<td>4.22.14</td>
<td>The Evaluation of Autism</td>
</tr>
<tr>
<td>4.29.14</td>
<td>Day for overflow &amp; Assessing Ethnic Minority Children</td>
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</tbody>
</table>

**Ethical & Legal Issues**


*1*st draft of comprehensive eval (2 students)

**4.1.14** Learning Disabilities & Memory Testing

Readings TBA

In class review of WRAML-2

*1*st draft of comprehensive eval (2 students)

**4.8.14** Differentiating medical from psychological presentations

Reading TBA

**Motor Assessment & Executive Functioning** (if time!)

*1*st draft of comprehensive eval (2 students)

**4.15.14** A day of vignettes!

Day of case planning – kate come up with several vignettes...class decides what to assess...different factors to consider...

**Insurance Discussion**

*1*st draft of comprehensive eval (2 students)

**4.22.14** The Evaluation of Autism

Guest Speaker: Eileen Crehan

Guest speaker will assign readings (TBA).

**4.29.14** Day for overflow & Assessing Ethnic Minority Children

**Final drafts are due one week from the date you receive edits on your first draft.***