

SAM HOUSTON STATE UNIVERSITY
Department of Psychology and Philosophy
Psychology 882.02: Doctoral Clinical Practicum I:
Assessment and Report Writing
Fall 2008, Mondays 1-3, Psychological Services Center

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Office Hours: Tuesdays 12:30-2:00, Thursdays 10:00-11:00, and by appointment (please note that faculty commitments may require unforeseeable absence during regular office hours, so it's best if possible to let me know in advance your plans to drop in)

Course Description: This course for clinical doctoral students will involve practical applications of psychological assessment and report writing.

Reference Text: *Standards for Educational and Psychological Testing* (APA et al., 1999)

Course Objectives:

- ❖ **Learning to *apply* course material (to improve thinking, problem solving, and decisions), via *analysis* and *critical evaluation* of ideas, arguments, and points of view, by acquiring skills in *working as a team*.** In response to a survey of class members' current needs and preferences, we will focus during group sessions in particular on theory and research about the interview, test selection, integrative test interpretation, and report writing. It is my hope these group foci will help you feel increasingly comfortable applying this information to problem solving and decision making in your own cases.
- ❖ **Developing skills, competencies, and points of view needed by professional psychologists.** Psychological assessment is arguable the hallmark of clinical psychology. It is my hope that skills, assessment/report writing competencies, and perspectives developed in this course will facilitate your professional sense of self.
- ❖ **Developing skill in expressing yourself *orally* and in psychological *report writing*.** The feedback session and the report are the only two ways to transport the utility of the psychological assessment across people and time. In other words, these are the primary archives of all our work. Good feedback and report writing – clear description, brevity, comprehensiveness – requires thought, practice, and revision. Please understand when you see red ink on your reports or when I ask you to revise a third draft, it is NOT because I think you are a remedial student or a bad writer or because I want to torture you. Report writing is both about content and style: I use the pen (well, track changes) freely to help develop the analysis and expression processes. Just think: in a few years, there won't be any red ink – so this is the time to welcome it!

Tentative Class Process:

- ❖ **Group Hour 1.** During alternating weeks (see schedule below), the first hour will consist of one of the following activities:
 - A) Each class member will lead one group discussion on a “problem solving exercise,” likely in the form of assessment preparation (e.g., test selection) OR assessment interpretation/integration decisions. All scenarios will be provided by the instructor and will involve data from actual cases; case scenarios should be considered before class by all class members (please be ready to participate in discussion!). Discussion format is open, and discussion leaders will likely want to distribute at least one week in advance 1-2 supplemental readings to facilitate their discussion with the group.
 - B) Each class member will present/lead a discussion of one case of their own. Again the format is open – for example, you might want to present an assessment difficulty/disappointment for trouble shooting purposes, you might present an assessment you were particularly proud of or which dealt with unique clinical or ethical issues, or you may even want to use your hour for practicing administration of a test you will soon give for the first time. This hour is for you to receive the help of your peers. Readings and cued film (don’t be shy) are encouraged!
- ❖ **Group Hour 2.** The second group hour will be used to trouble shoot and/or report on current assessment issues. Again, cued film is welcome.
- ❖ **Individual Hour.** Each student assigned to the PSC will meet with me for one arranged individual hour per week during which we review videotapes (please have them cued), discuss issues not covered in group, discuss work products, and sign reports. My work will be overseen by Darryl W. Johnson, Ph.D., licensed psychologist, who also should be included on a signature line for all PSC reports.

General Expectations and Requirements (see Appendix A for elaboration/specifics):

- ❖ **Preparation, Participation, and Respect.** We have mutual responsibilities to each other as part of a group learning experience, so please be prepared for class and respectfully engaged in case presentations, discussion, role plays, etc. And, of course, engage with clients respectfully and professionally/ethically too.
- ❖ **Attendance.** Please notify the on-site supervisor and me as far in advance as possible should you have to miss a class or session for an essential cause. As defined by University policy, more than 3 hours of missed class will result in grade deduction.
- ❖ **Assessment Logs.** Please turn in an updated hard copy of your work log at the beginning of group each week (see Appendix B for recommended format).
- ❖ **New Cases.** Please do not accept cases without my approval; generally, cases will be distributed during the clinic meeting on Wednesdays from 2-3. If you would like to pick up a case at another time, please simply contact me to discuss.
- ❖ **Case Records.** Please maintain timely, accurate, and well written case records, obtaining timely supervisor oversight/signatures.

Tentative Class Schedule:

- ❖ 8/25 – Syllabus/Intro
- ❖ 9/1 – NO CLASS (Labor Day)
- ❖ 9/8 – Standards in Testing and Assessment, the Interview/MSE, and Work Products
- ❖ 9/15 – Problem Solving Exercise 1
- ❖ 9/22 – Case Presentation 1
- ❖ 9/29 – Problem Solving Exercise 2
- ❖ 10/6 – Case Presentation 2
- ❖ 10/13 – Problem Solving Exercise 3
- ❖ 10/20 – Case Presentation 3
- ❖ 10/27 – Problem Solving Exercise 4
- ❖ 11/3 – Case Presentation 4
- ❖ 11/10 – Problem Solving Exercise 5
- ❖ 11/17 – Case Presentation 5
- ❖ 11/24 – Problem Solving Exercise 6
- ❖ 12/1 – Case Presentation 6
- ❖ 12/8 – Special Issues (e.g., Therapeutic Assessment, WAIS-IV)
- ❖ 12/15 – Wrap Up

Evaluation/Grading: Grades will be determined by the course instructor with strong consideration to feedback provided by on-site supervisors. Evaluation will be based upon execution of clinical responsibilities, adherence to course expectations/requirements, progress toward course objectives, and responsiveness to group and individual feedback.

University Policies:

- ❖ **Academic dishonesty** (e.g., plagiarism; see University policy for other examples) will guarantee you a “0” on any assignment and may result in formal disciplinary actions.
- ❖ *Per University policy*, **students with a disability** that affects their academic performance are expected to arrange for a conference with the instructor in order that appropriate strategies can be considered to ensure that participation and achievement opportunities are not impaired.
- ❖ *Per Section 51.911 (b) of the Texas Education Code*, an institution of higher education excuses a student from attending classes or other required activities, including examinations, for the **observance of a religious holy day**, including travel for that purpose. A student whose absence is excused under this subsection may not be penalized for that absence and shall be allowed to take an examination or complete an assignment from which the student is excused within a reasonable time after the absence. *Per University policy 861001*, a student for whom this section is relevant should present to the instructor a written statement concerning the religious holy day(s). The instructor will notify the student of a reasonable timeframe within which the missed assignments/examinations are to be completed.

Appendix A: Notes a la MAC et al.

Note: These notes are not intended as a substitute for MAC's PSC orientation but as a reminder of particularly relevant points for our class. I have integrated with her notes standards of precedent for PSC work.

Inform MAC immediately (and me ASAP) if...

- You are in the midst of or anticipate a client crisis
- You receive a court order or subpoena
- You witness "strange occurrences"
- You sense an impending custody evaluation or subpoena

On case assignment...

- Assessment cases are usually distributed at the weekly clinic conference, although cases can be picked up otherwise; never schedule a client without approving it first with me
- Let me know ASAP if you discover you may have a problematic dual relationship with a client
- If you are having trouble scheduling a case within 1 week of assignment, we should discuss the possibility of returning it to the stacks and trading it for a new case
- Depending on the situation, you may want to pursue collateral information before the first session; if so, have the client drop in and sign release forms (Sonya can serve as the witness); always present to the first session with release forms ready to go

On sessions...

- Do not see a client unless the PSC is under a supervisor's coverage; also, a "warm body" must be present in the building during any client contact
- Videotape all PSC sessions; if a client refuses, we can refer elsewhere (this is a training clinic)
- Always make it clear you are a supervised clinical doctoral student and define confidentiality limits before proceeding with an assessment; confidentiality limits include: PSC staff information access (on a need to know basis), mandatory reporting issues (danger to self, child/elder/disabled person abuse, sex with a former therapist), and court order; PSC clients consent that their data may be used for archival research
- Items on the Consent for Services form (to be reviewed in scrupulous detail with the client) should be initialed, not checked; the client may have a hard copy of the Client Information Sheet
- Discuss with client and document preferred procedures for leaving phone messages (e.g., "This is Audrey, please call"); do not leave the PSC phone number
- Unless you have received a release to do so, do not confirm or deny any individual is a client at the PSC; if someone seeks to leave information, they may but should be cautioned that (were the individual a client) they would be privy to the information

On record keeping...

- Progress notes and documentation of all other client matters (e.g., contacts or actions taken, phone calls, letters) should be completed within 24 hours of the occurrence; progress notes for assessments should include historical data, tests administered, and feedback provided
- Session notes may be shredded (except in forensic cases) as long as the content is contained in the progress note
- Keep all records secured in the PSC (you will be provided a thumb drive – do not password protect); anything not secured (e.g., outside of the PSC, email) must be sanitized of identifying information

On work products...

- From Nelson (2007), also see Murray (2007):
 - Assessment and other clinical reports are time-sensitive work products prepared for clients as well as other clinicians, schools, social service agencies, etc., who use these reports to make time-sensitive decisions. In addition, students are learning assessment and report-writing skills in order to prepare for future work in settings that often require rapid turn around of reports. Therefore, to promote timely report-writing and feedback, students should strive to adhere to these guidelines when providing draft reports to their supervisors:
 - Students should complete an original draft assessment report no later than 48 hours after they complete the interview and testing with the client. If there is an extended period of time between multiple assessment sessions, an interim report may be required.
 - Students should revise and resubmit edited drafts of reports within 24 hours of receiving edits or suggestions from their supervisor.
 - Except under very unusual circumstances, students should provide feedback to clients...within two weeks of the last date of testing.....
 - Exceptions to the above deadline policy should be cleared ahead of time with the class instructor and/or the on-site reviewing supervisor. I will make every effort to follow a similarly prompt pattern of timeliness in returning edited drafts to students. However, it may not always be feasible to do so within 24-48 hours, depending on the number of students in the class and volume of cases.
- Client feedback
 - Review report with client, explaining the assessment results and conclusions (when possible, use the client's own wording); answer any questions the client has
 - Do not automatically supply a hard copy of the report to the client; explain that records are securely maintained and can be released upon their request in the future; clients are entitled to a copy of the record (e.g., report) if desired
- DARS (vocational/cognitive rehabilitation) reports must be turned around "ASAP;" speak with MAC – not DARS directly – about any problems with these cases

On other PSC procedures...

- Do not use the last of any form without first making a copy, and report to Sonya low form quantities
- To schedule a room, write in pencil in the appointment book and don't erase; note whether the client cancelled ("C"), no-showed ("NS" – wait 20 minutes), rescheduled ("RS"), or showed ("S"); make sure to document any of these situations in a progress note
- When using a test in session, make a note in the appointment book
- When checking out tests, take the whole thing and not its pieces
- Clients directly pay for their services; for assessments, 50% of the cost is paid at the first session and 50% at the time of the feedback session; make sure to provide a receipt for payment
- Clinic staff file all records except progress notes, which may be added to the file by the student clinician
- See David Rudd tape on suicide assessment; do not make suicide prevention contracts with clients at the PSC

On supervision sessions...

- Have tapes cued and paperwork ready for signatures
- Provide/receive feedback among group members including the supervisor with an open, flexible attitude (not the same as unquestioning compliance!)

Appendix B

Audrey Miller's Assessment Log

Supervisor/Contact: Dr. Greene, Psychometric Place USA, 999.999.9999

Client/ Demographics	Session	Assessment Question	Methodology	Difficulties (if present)
1) TBI Tom 62yo MHM	1) 9/5/08, 3 hours	Post-MVA NC functioning	Interview, WAIS, WMS	N/A
2) "Dyslexic" Dolly 19yo SCF	1) 9/5/08, 4 hours	SHSU student - LD services?	Interview, WAIS, WIAT, school records	N/A
1) TBI Tom 62yo MHM	2) 9/12/08, 2 hours	Post-MVA NC functioning	CVLT, Rey, TMT, Stroop, WCST	*Patient confused me for his daughter
3) Mixed-up Martha 27yo DCF	1) 9/12/08, 5 hours	*Psychotic – when a danger to self?	Interview, MMPI, MCMI, Rorschach	N/A
...				

***Please prioritize difficulties for group discussion.**