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### PSYX 537.01: Child Assessment

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# PSYX537: Child Assessment

## Wednesdays 8:00am – 10:50am

### Instructor information

Instructor: Cameo Stanick, Ph.D.  
 Office: Skaggs 362  
 Email: [cameo.stanick@umontana.edu](mailto:cameo.stanick@umontana.edu)  
 Phone: 243.5191  
 Office hours: By appointment

### Course description:

This course provides an intensive introduction to evidence-based assessment in youth, involving diagnostic, behavioral, and personality assessment of children and adolescents. The use of diagnostic and objective tests and ideographic indicators with children of all ages will be explored through a comprehensive review of common tests utilized with these populations. You will learn how to identify, administer, and interpret a number of common child assessment tools for a wide range of psychological difficulties in youth. You will also learn how to make diagnostic decisions, according to the DSM-V categorical system, based on interpretation of test data. Specific emphasis on ideographic measurement and assessment measuring treatment process will also be included. As a part of the course you will also conduct psychological testing on children/adolescents with emotional and/or behavioral problems. Ethics, as they relate to assessment, will also be discussed.

### Learning Outcomes:

1. To learn to apply multi-method, multi-informant assessment to the development of a well-rounded case conceptualization
2. To learn how to administer and interpret psychological assessment measures commonly used with child and adolescent populations
3. To learn how to write comprehensive psychological evaluations
4. To further explore how to use differential diagnosis in the assessment of children and adolescents
5. To learn to identify and establish systems for routine progress monitoring

### Required textbooks:

McLeod, B., Jensen-Doss, A., & Ollendick, T. (2013). *Diagnostic and Behavioral Assessment in Children and Adolescents: A Clinical Guide*. New York: Guilford.

- Additional readings assigned & provided via Moodle

### Recommended resources:

Mash, E., & Barkley, R. (2009). *Assessment of Childhood Disorders*. New York: Guilford.

Archer, R.P. (2005). *MMPI-A: Assessing adolescent Psychopathology* (3<sup>rd</sup> ed.). Mahwah, NJ: Lawrence Erlbaum and Associates.

### \*\*Course Calendar:

Dates	Topic
8/27/14	Syllabus review Evidence-based assessment – what is it? Introductions...
9/3/14	<b>Overview of diagnostic &amp; behavioral assessment</b>  <i>McLeod – preface, Ch 1</i>  Jensen-Doss, A., & Hawley, K. (2010). Understanding barriers to evidence-based assessment: Clinician attitudes toward standardized assessment tools. <i>Journal of Clinical Child &amp; Adolescent Psychology</i> , 39, 885-896.  Hunsley, J., & Mash, E. (2007). Evidence-based assessment. <i>Annual Review of Clinical Psychology</i> , 3, 29-51.  <b>Report Writing, Providing Feedback to Families, and IEPs Case Presentation Template</b>  Bird, H. (2006). Presentation of findings and recommendations. In <i>Essentials of Child and Adolescent Psychiatry</i> (pp. 113-118). Washington, D.C.: American Psychiatric Association Publishing.
9/10/14	<b>NO CLASS – CAMEO IN BOSTON</b>
9/17/14 9/19/14	<b>DR. GREG MACHEK – FBA TRAINING?</b>
9/24/14	<b>Diagnostic assessment and Clinical Interviews (including examples for anxiety, mood, conduct, trauma, and psychosis)</b>

Dates	Topic
	<p><i>McLeod – Ch 1 &amp; Section II Ch 5</i></p> <p>Rothen, S., Vandeleur, C., Lustenberger, Y., Jeanpretre, N., Ayer, E., Gamma, F., Halfon, O., Fornerod, D., Ferrero, F., &amp; Preisig, M. (2009). Parent-child agreement and prevalence estimates of diagnoses in childhood: Direct interview versus family history method. <i>International Journal of Methods in Psychiatric Research</i>, 18, 96-109.</p> <p>*Review ChIPS in class</p>
10/1/14	<p><b>Diagnostic assessment and Clinical Interviews (including examples for anxiety, mood, conduct, trauma, and psychosis)</b></p> <p><i>McLeod – Ch 1 &amp; Section II Ch 5</i></p> <p>Rettew, D., Doyle Lynch, A., Achenbach, T., Dumenci, L., &amp; Ivanova, M. (2009). Meta-analyses of agreement between diagnoses made from clinical evaluations and standardized diagnostic interviews. <i>International Journal of Methods in Psychiatric Research</i>, 18, 169-184.</p> <p>VIDEO-RECORDINGS OF CHIPS ROLE-PLAY DUE</p>
10/8/14	<p><b>Behavioral assessment (including examples for anxiety, mood, conduct, trauma, and psychosis)</b></p> <p><i>McLeod Ch 3 &amp; Section II Ch 6</i></p> <p>CASE PRESENTATIONS?</p>
10/15/14	<p><b>Behavioral assessment (including examples for anxiety, mood, conduct, trauma, and psychosis)</b></p> <p><i>McLeod Ch 3 &amp; Section II Ch 7</i></p> <p>CANNED ASSESSMENT REPORTS DUE</p> <p>CASE PRESENTATIONS?</p>
10/22/14	<p><b>Case Conceptualization &amp; Treatment Planning</b></p> <p><i>McLeod Ch 4 &amp; Section II Ch 12</i></p> <p>CASE PRESENTATIONS?</p>
10/29/14	<p><b>Progress and Outcome Monitoring (including examples for anxiety, mood, conduct, trauma, and psychosis)</b></p> <p><i>McLeod Ch 4 &amp; Section II Ch 8</i></p> <p>Bickman, L., Kelley, S., Breda, C., de Andrade, A.R., &amp; Riemer, M. (2011). Effects of routine feedback to clinicians on mental health outcomes of youths: Results of a randomized trial. <i>Psychiatric Services</i>, 62, 1423-1429.</p> <p>CASE PRESENTATIONS?</p>
11/5/14	<p><b>Progress and Outcome Monitoring &amp; Ethnic Minority Youth (including examples for anxiety, mood, conduct, trauma, and psychosis)</b></p> <p><i>McLeod Section II Ch 9 &amp; Ch 13</i></p> <p>Borntrager, C., &amp; Lyon, A. (in press). Monitoring client progress in school-based mental health. <i>Cognitive &amp; Behavioral Practice</i>.</p> <p>DASHBOARDS!</p> <p>CASE PRESENTATIONS?</p>
11/12/14	<p><b>Assessing Treatment Processes</b></p> <p><i>McLeod Section II Ch 14</i></p> <p>CASE PRESENTATIONS?</p>
11/19/14	<p><b>Cameo at ABCT</b></p> <p><b>Child Development Center Staff – ADOS assessment Guest Lecture</b></p>
11/26/14	NO CLASSES – THANKSGIVING TRAVEL DAY
12/3/14	<p>LAST DAY OF CLASS!</p> <p>CASE PRESENTATIONS?</p>

Dates	Topic
	STUDENT PRESENTATIONS
12/10/14	FINAL EXAM WEEK – NO CLASS

\*\*Subject to revisions by instructor

### Required assignments:

A portion of your grade will be based on in-class participation, including a 15-20 minute presentation on an assessment measure (25%). There will be one, required video-recorded structured interview (10%), one integrated report with canned assessment data (20%), and one real child/adolescent case resulting in an integrated report that will be required before the end of the semester (45%). The instructor reserves the right to assign due dates for work necessary to remove an 'incomplete' grade.

1. **In-Class Presentation and Participation (25%).** Each student is expected to participate in in-class discussions and role-plays as well as to conduct a 15-20 minute presentation on an assessment measure not presented in class. The purpose is to introduce your colleagues to published assessment instruments, as well as school-wide screenings. The presentation can cover a measure for any problem area, and should cover an instrument that is evidence-based or promising, include a brief critique of the literature on the measure, coverage of the measure itself, and discussion of its clinical implications.
2. **Video-recorded Structured Diagnostic Interview (10%).** Each student will conduct a structured, diagnostic interview (the Children's Interview for Psychiatric Syndromes; CHIPS) with another student from class as the child 'client.' Thus, each student will serve as both an assessor and a client. Students will be provided with case vignettes to 'act' as the child client and matching referral questions will be provided for assessors. You will be expected to complete an informed assent as well as the interview. Videos and hypothesized diagnoses will be submitted by for review 10/1/14 and feedback will be given on the report form.
3. **Canned Assessment Report (20%).** Each student will be asked to interpret assessment data as part of a hypothetical testing case of a child client. You will be provided with test data and expected to interpret findings in light of the child's background and diagnostic issues raised by the referral question and test data. You will also be asked to make treatment recommendations based on your diagnosis. The report will be due on 10/15/14.
4. **Child Assessment Case and Integrated Report (45%).** Each student will conduct a diagnostic assessment with a real youth and their caregiver. This will be organized through the Clinical Psychology Center, a community-based clinic (e.g., Western Montana Mental Health Center), or your practicum site (school-based practicum sites will work too!). If needed, your instructor will help facilitate permissions for the assessment, but the scheduling and follow-up with the families will be your responsibility. Please note: *THIS WILL BE A REAL, LIVE ASSESSMENT AND YOUR ADHERENCE TO PROFESSIONAL CONDUCT AND ETHICAL RESPONSIBILITY IS IMPERATIVE!* Scheduling and organizing will be discussed throughout the semester; although, the earlier you are able to schedule the assessment the better. More details regarding this assignment will be provided in class.

### Real Assessment To-Do List (in chronological order):

1. Complete your video-taped diagnostic interview and look over feedback from instructor
2. The assessment battery will be determined according to the referral question, and you must **SCHEDULE A MEETING WITH YOUR INSTRUCTOR BEFORE THE ASSESSMENT** in order to finalize the battery. Please come to this meeting prepared with a working list of assessment measures.
3. Schedule assessment with family
4. Complete informed consent and assent
5. Conduct assessment (video-taped), preferably within one, 2 to 4 hour session
6. **WITHIN ONE WEEK OF THE LAST ASSESSMENT SESSION**, contact your instructor to schedule an in-class, 10 minute case presentation. Your classmates will serve as team members to help you conceptualize diagnoses and problem areas, flush out assessment questions, etc. A presentation template is provided to you on Moodle. Please stick to the 10 minute time limit.
7. You must turn in a completed, integrated report to your instructor **NO MORE THAN TWO WEEKS** after the final assessment session
8. After receiving FINAL, signed version of integrated report, complete feedback session with family and give them a copy of the report. *If you are having trouble scheduling a family, please do not hesitate to notify your instructor to problem solve!*

### Course guidelines and policies:

#### Student Conduct Code

Here is the [Student Conduct Code](#)

#### Attendance

As active participation is central to this course, only one absence during the semester will be excused (you will, however, be accountable for that class session's assignment). For a second absence, students will be assigned a book on an evidence-based

assessment to read and critique. Except in extraordinary circumstances, a third absence will result in a grade reduction (or an incomplete until the missed classes can be made up in a subsequent semester).

**Disability modifications**

The University of Montana assures equal access to instruction through collaboration between students with disabilities, instructors, and [Disability Services for Students](#). If you think you may have a disability adversely affecting your academic performance, and you have not already registered with Disability Services, please contact Disability Services in Lommasson Center 154 or call 406.243.2243. I will work with you and Disability Services to provide an appropriate modification.