

PRE 855: Psychoeducational Clinic I
Assessment, Consultation, Intervention
Fall 2007: Monday 8:30 – 11:20, 622 JRP

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School of Education Mission

Within the University, the School of Education serves Kansas, the nation and the world by (1) preparing individuals to be leaders and practitioners in education and related human service fields, (2) expanding and deepening understanding of education as a fundamental human endeavor, and (3) helping society define and respond to its educational responsibilities and challenges.

To accomplish this mission, the School of Education (1) offers an extensive curriculum leading to academic degrees and professional licensure, (2) requires faculty and students to engage in scholarship, and (3) provides a wide range of professional services to schools, other institutions, and individuals.

Course Objectives

1. To understand and identify individual differences in educational and psychological functioning using formal and informal assessment tools.
2. To diagnose individual differences according to major taxonomies including IDEA and DSM-IV-TR.
3. To convey the results of assessments and diagnoses to parents, children, adolescents, adults, school staff, and other professionals, both orally and in written reports.
4. To formulate appropriate recommendations and to locate resources for assisting students with individual differences and their families, at home and at school.
5. To provide consultation to parents for the implementation of instructional and behavioral recommendations and to foster advocacy skills for parents, children, adolescents and adults.
6. To utilize technology such as audio and videotaping, email, the internet, Blackboard, test scoring software, and computer office software for communication, research, assessment, diagnosis, intervention planning, and evaluation.

Kansas School Psychology Licensing Standards Met Through PRE 855

- 1. Assessment:** The school psychologist uses varied models and methods of assessment as part of a systematic process to collect data and other information, translate assessment results into empirically based decisions about service delivery, and evaluate the outcomes of services.
- 2. Consultation:** The school psychologist has knowledge of behavioral, mental health, collaborative, and/or other consultation models and methods and of the application to particular situations. The school psychologist collaborates and consults effectively with others in planning and decision-making processes at the individual, group, and system levels.
- 3. Intervention (cognitive & academic):** The school psychologist, in collaboration with others, develops appropriate cognitive and academic goals for students with different abilities, disabilities, strengths, and needs, implements intervention to achieve those goals, and evaluates the effectiveness of intervention.
- 4. Intervention (behavior, personality, adaptive & social):** The school psychologist, in collaboration with others, develops appropriate behavioral, affective, adaptive, and social goals for students of varying abilities, disabilities, strengths, and needs, implements interventions to achieve those goals, and evaluates the effectiveness of intervention.
- 5. Diversity:** The school psychologist demonstrates the sensitivity and skills needed to work with individuals of diverse characteristics and to implement strategies selected based on individual characteristics, strengths, and needs.
- 6. School Knowledge:** The school psychologist has knowledge of general education, special education, and other educational and related services and understands schools and other settings as systems. The school psychologist works with individuals and groups to facilitate policies and practices that create and maintain safe, supportive, and effective learning environments for children and others
- 7. Prevention:** The school psychologist provides or contributes to prevention and intervention programs that promote the mental health and physical well-being of students.
- 8. Parents, Families & Community:** The school psychologist works effectively with families, educators, and others in the community to promote and provide comprehensive services to children and families.
- 11. Information Management:** The school psychologist accesses, evaluates, and utilizes information sources and technology in ways that safeguard or enhance the quality of services.

NCATE Standards Met Through PRE 855

Standard 1: Candidate Knowledge, Skill and Dispositions

Candidates preparing to work in schools as teachers or other professional school personnel know and demonstrate content, pedagogical, and professional knowledge, skills and dispositions necessary to help all students' learn. Assessments indicate that candidates meet professional, state and institutional standards.

Standard 3: Field Experiences and Clinical Practice

The unit and its school partners design, implement, and evaluate field experiences and clinical practice so that teacher candidates and other school personnel develop and demonstrate the knowledge, skills and dispositions necessary to help all students learn.

Standard 4: Diversity

The unit designs, implements and evaluates curriculum and experiences for candidates to acquire and apply knowledge, skills and dispositions necessary to help all students learn. These experiences include working with diverse higher education and school faculty, diverse candidates, and diverse students in P-12 schools.

Academic Misconduct

Please refer to the following website for the University's policy on academic misconduct:
<http://www.ku.edu/~unigov/usrr.html#art2sect6>

Students with Disabilities

Any student in this course who has a disability that prevents the fullest expression of his/her abilities should contact the instructor personally as soon as possible to discuss the procedures for making appropriate accommodations necessary to complete the course requirements. In such cases the student and instructor follow the procedures established by the Student Assistance Center (22 Strong Hall, 864-4064).

Course Policies

Course documents and links to useful web pages are posted on Blackboard. CPS documents and information for students and clients are posted on the secure server in the CPS Shared folder.

You are expected to be available for 6-8 hours of direct client contact each week in addition to class meeting times. Direct client contact should consist of approximately 2-4 hours of face-to-face client work conducting interviews, assessment, feedback, consultation, or counseling. The additional CPS hours are to be used for test scoring, videotape review, report writing, research into client-related issues, classroom observation, and attendance at school meetings. Approximately 100 hours of CPS work is expected for the fall semester. Accruing too few hours may result in a grade reduction. It is therefore your responsibility to make certain that your client work is progressing satisfactorily. See the course instructor or GTA if you have difficulty scheduling or meeting with your clients.

This is a mastery-oriented practicum course. You are expected to attend all class meetings and your scheduled clinic hours. Your grade will depend on both class and clinic participation. If you must miss a class, be sure to notify the instructor or GTA *before* the missed class in order to arrange to make up missed material and assignments. If you must miss a clinic session, please notify the instructor, GTA or student office assistant as soon as possible so that arrangements can be made to contact your clients or provide a substitute clinician.

General Clinic and Client Guidelines are posted on Blackboard.

Texts

Required:

1. House, A. E. (2002). DSM-IV Diagnosis in the Schools. New York: Guilford.
2. American Psychiatric Association. (2000). Desk Reference to the Diagnostic Criteria from DSM-IV-TR. Washington, D.C.: Author.
3. Additional readings will be placed on Blackboard.

Recommended:

American Psychiatric Association. (2000). Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision (DSM-IV-TR). Washington, D.C.: Author.

Grading

Class attendance, preparation, and participation	10%
Examinations and assignments	15%
Clinical requirements	
a) Performance in any aspect of client work, including observations and videotapes of interpersonal skills and standardized assessment administration Approximately 6 tapes per semester at 5% each:	30%
b) Thorough, accurate and well written psychoeducational reports Approximately 2 reports per semester at 15% each:	30%
c) Maintenance of complete, accurate and timely client files according to legal and ethical standards, including instructional and treatment plans, progress notes, client correspondence, and any required documentation Approximately 3 file audits per semester at 5% each:	15%

Performance in each area will be rated on a 1-5 scale. Grading rubrics for each element of client work will be provided in class. Consideration will be given to extraordinary performance, special client issues, ethical problems, number of clinic hours, responsiveness to supervision, etc. Grades will be assigned as follows:

- A = 90 – 100% of total points, average rating of 4.5 and above
- A- = 85 – 89% of total points, average rating of 4.25 – 4.49
- B+ = 80 – 84% of total points, average rating of 4.00 – 4.24
- B = 75 – 79% of total points, average rating of 3.75 – 3.99
- B- = 70 – 74% of total points, average rating of 3.5 – 3.74
- C = < 70% of total points, average rating below 3.5

Attendance and participation: Class participation will be rated for each class based on preparation and participation in class discussion and activities. Unexcused absences or tardiness will reduce your grade. Weekly logs are due each Friday afternoon by 5:00 for return on Monday morning. Consistently late or missing logs will reduce the class participation grade. Reading assignments are to be completed for each week's class. Additional weekly assignments, readings, or practice tests not listed in the syllabus may be assigned in class at any time.

Test protocols: You may be required to hand in scored test protocols or data collection forms for the tests and assessment methods taught in class. These will be announced in class.

Late assignments: One point will be deducted from the 5-point quality rating for each day that an assignment is late. Assignments turned in more than 4 days after the due date will earn a 0.

Examinations and assignments: Additional assignments and/or take-home examinations will be announced in class.

Clinical requirements: Student clinicians typically work with several clients each semester. A minimum of two comprehensive psychoeducational evaluations is required each semester. While every effort will be made to equitably assign clinic work, client needs and schedules are unpredictable. If you have questions or concerns about your clients or client work, speak with the GTA or course instructor immediately.

The comprehensive evaluation includes intake and clinical interviews; creation and maintenance of a client file; cognitive, academic and social/emotional assessment; preparation of a psychoeducational report; and a feedback session. Students should make an appointment with the instructor for individual supervision two to three times during the assessment process. The report must be written, graded, revised and signed prior to the feedback session. If the student meets weekly with the client, the entire assessment will take six weeks: intake session with parents or adult client, three testing sessions, an extra week to prepare and revise the report, and feedback session.

Clients may request ongoing counseling or consultation, which includes an intake interview, creation and maintenance of a client file, regular sessions (weekly or as needed), assessment and progress monitoring, preparation of therapeutic plans, and session notes in DAP format. Students should prepare DAP notes and schedule individual supervision after each client session.

Clinical work is scored according to three major elements: interpersonal and assessment skills as demonstrated by videotapes of interviews, consultation, counseling, and standardized assessment administration (including accurate and complete test protocols); written communication skills and thoroughness of comprehensive evaluation reports; and the maintenance of accurate, timely, and up-to-date client files including adherence to HIPAA and other legal and ethical guidelines. Course grades and progress may also be affected by the quality of work with particularly challenging clients, ethical issues, seeking and using supervision, and other aspects of clinical performance that may not be reflected in the grading rubrics.

Tape Reviews: You will be required to turn in several videotaped sessions for review during the semester. Specific due dates and requirements will be announced in class. Each videotape you turn in must be accompanied by a self-critique of your performance. Each videotape of a cognitive assessment session must be accompanied by the test protocol. In-class tape reviews will be held periodically. CPS policy is to videotape all sessions for review, for supervision, to answer client questions and concerns, and so that you can select the sessions you would like to share with the class. Students are encouraged to hand in any additional tape for which they would like to receive individual supervision. This is your chance to have your work thoroughly examined – take advantage of it!

Psychoeducational Reports: A report is required for each client evaluated. The first draft of each report is graded. The first draft is due no later than one week following the final assessment session. You are strongly encouraged to work on the report as you complete each segment of the assessment.

File Audits: The office assistant and clinic director audit files for completeness, accuracy, and timeliness. Files are audited monthly and more often if necessary. The file checklist is for your use and should be used to help maintain complete and accurate files.

Schedule of Topics and Assignments for PRE 855

August 20 – Introduction to PRE 855

August 27 – Introduction to DSM-IV

1. McBurnett, K. (1996). Development of the DSM-IV: Validity and relevance for school psychologists. *School Psychology Review*, 25, 259-273.
2. Smoller, J. W. (2003, Summer). The etiology and treatment of childhood. *KASP Examiner*, Volume 29(3), pp. 29-31.

September 10 – Section 504, ADA, DSM-IV, and IDEIA 2004

1. House, pp. 1-37, 177-185 and 194-204.
2. DSM-IV-TR Desk Reference pp. 37-49 or DSM-IV-TR (big gray book) pp. 27-37.
3. First tape due for review: client intake.

September 17 – Woodcock-Johnson Tests of Cognitive Ability, Third Edition

1. Keith, T. Z., Fine, J. G., Taub, G. E., Reynolds, M. R., & Kranzler, J. H. (2006). Higher order, multisample, confirmatory factor analysis of the Wechsler Intelligence Scale for Children – Fourth Edition: What does it measure? *School Psychology Review*, 35, 108-127.
2. Taub, G. E. & McGrew, K. S. (2004). A confirmatory factor analysis of Cattell-Horn-Carroll theory and cross-age invariance of the Woodcock-Johnson Tests of Cognitive Abilities III. *School Psychology Quarterly*, 19, 72-87.

September 24 – Woodcock-Johnson Tests of Cognitive Abilities, Third Edition, continued

1. Evans, J. J., Floyd, R. G., McGrew, K. S. & Leforgee, M. H. (2002). The relations between measures of Cattell-Horn-Carroll (CHC) cognitive abilities and reading achievement during childhood and adolescence. *School Psychology Review*, 31, 246-262.
2. McGrew, K. S., Keith, T. Z., Flanagan, D. P. & Vanderwood, M. (1997). Beyond g: The impact of *Gf-Gc* specific cognitive abilities research on the future use and interpretation of intelligence tests in the schools. *School Psychology Review*, 26, 189-210.

October 1 – Intellectual disabilities

1. House, pp. 125-134.
2. DSM-IV-TR, pp. 41-49.
3. NASP, Ten things every school psychologist should know about the Flynn Effect (handout)
4. Kanaya, T., Scullin, M. H. & Ceci, S. J. (2003). The Flynn effect and US policies. *American Psychologist*, 58, 778-790.
5. AAMR (2002). Multidimensionality of mental retardation. Chapter 3 in *Mental Retardation, 10th Edition*, Washington, DC: AAMR, pp. 39-48.
6. Second tape due for review: Wechsler scale with client.

October 8 – No separate class session; meet at 10:00 for joint group supervision.

October 15 – Tape review in class: intake interviews

October 22 – Giftedness

1. Callahan, C. M. (2006). Giftedness. Chapter 34 in *Children's Needs III: Development, Prevention, and Intervention*, G. G. Bear and K. M. Minke (Eds.), Bethesda, MD: NASP, pp.443-458.

2. Fiedler, E. D., Lange, R. E., & Winebrenner, S. (2002). In search of reality: Unraveling the myths about tracking, ability grouping, and the gifted. *Roeper Review*, 24, 108-111.
3. Third tape for review: WJ III Cog practice tape and protocol with adult: ALL subtests.

October 29 – Traumatic Brain Injury

1. House, pp. 144-147.
2. Conoley, J. C. & Sheridan, S. M. (1996). Pediatric traumatic brain injury: Challenges and interventions for families. *Journal of Learning Disabilities*, 29, 662-669.
3. D'Amato, R. C. & Rothlisberg, B. A. (1996). How education should respond to students with traumatic brain injury. *Journal of Learning Disabilities*, 29, 670-683.

November 5 – Communication and language disorders

1. House, pp. 141-144.
2. DSM-IV-TR, pp. 58-64.
3. Doherty, L. (2004). Children drowning in a sea of blah. (handout)
4. McArthur, G. M., Hogben, J. H., Edwards, V. T., Heath, S. M., & Mengler, E. D. (2000). On the “specifics” of specific reading disability and specific language impairment. *Journal of Child Psychology and Psychiatry*, 41, 869-874.
5. Toppelberg, C. O. & Shapiro, T. (2000) Language disorders: A 10-year research update review. *Journal of the American Academy of Child and Adolescent Psychiatry*, 39, 143-152.

November 12 – Dyslexia and reading disorders

1. House, pp. 134-141.
2. DSM-IV-TR, pp. 49-56.
3. Lyon, G. R., Shaywitz, S. E., & Shaywitz, B. A. (2003). A definition of dyslexia. *Annals of Dyslexia*, 53, 1-14.
4. Francis, D. J., Shaywitz, S. E., Stuebing, K. K., Shaywitz, B. A., Fletcher, J. M. (1996). Developmental lag versus deficit models of reading disability: A longitudinal, individual growth curves analysis. *Journal of Educational Psychology*, 88, 3-17.
5. Fourth tape due for review: Feedback session with client.

November 19 – Problems in the identification of learning disabilities

1. Scruggs, T. E., & Mastropieri, M. A. (2002). On babies and bathwater: Addressing the problems of identification of learning disabilities. *Learning Disability Quarterly*, 25, 155-168.
2. Sternberg, R. J., & Grigorenko, E. L. (2002). Difference scores in the identification of children with learning disabilities: It's time to use a different method. *Journal of School Psychology*, 40, 65-83.

November 26 – Response to intervention

1. NASP, Problem Solving and RTI: New Roles for School Psychologists
2. Vaughn, S., & Fuchs, L. S. (2003). Redefining learning disabilities as inadequate response to instruction: The promise and potential problems. *Learning Disabilities Research & Practice*, 18, 137-146.
3. Fuchs, D., Mock, D., Morgan, P. L., & Young, C. L. (2003). Responsiveness-to-intervention: Definitions, evidence and implications for the learning disabilities construct. *Learning Disabilities Research & Practice*, 18, 157-171.

December 3 – Tape review in class, course evaluations; hand out take-home final due December 10.

1. Fifth tape due for review: WJ III Cog practice tape and protocol with child.